

CHEMIST & DRUGGIST

The newsweekly for pharmacy

January 22, 1994

OVER THE COUNTER INSIDE

FOR THE MAN WHO HAS EVERYTHING.
24 HOUR RELIEF FROM IT.



The Lemsip Flu Strength Range for the effective relief of flu and heavy colds. RECKITT & COLMAN PRODUCTS

Lemsip Flu Strength, Pseudoephedrine formula contains paracetamol and pseudoephedrine HCl. Lemsip Flu Strength, Night-Time formula contains paracetamol, phenylpropanolamine HCl, chlorpheniramine; dextromethorphan and alcohol 7.5%. Further information is available on request from Reckitt & Colman Products Ltd, Donsom Lane, Hull, HU8 7DS.

PSNC expects 1994-95 pay offer soon...

...record number of MPs accept dinner invite

Staffs offer talking scripts

Upjohn sue BBC over Panorama slur on Halcion

Update: wound healing and antidepressants

Business in focus: making a rural outlet pay

Numark take in Mawdsley-Brooks

Retailers count cost of crime

The irritation stops here.



When inflamed and irritated skin is caused by irritant or allergic contact dermatitis, you can't recommend a more effective treatment than HC45.

This leading 1% hydrocortisone is a non-greasy cream that relieves irritation and itching – fast. Reducing redness and swelling, it soothes and calms soreness, and promotes healing.

REFERENCE: 1. Data on file, Crookes Healthcare Ltd., August 1992. PRODUCT INFORMATION: HC45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. Uses: For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. Dosage and administration: Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. Contra-indications, warnings etc: HC45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. Package quantity: Tube containing 15g. RSP: £2.29. Legal category: P. Product licence number: PL 0327/0039. Cream E45: White bland emollient

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Dosage and administration: Apply to the affected part two or three times daily. Contra-indications, warnings etc: Cream E45 should not be used by patients who are sensitive to any of the ingredients. Package quantities: Tubes containing 50g. Tubs containing 125g and also 500g. RSP: Tube 50g £1.65. Tub 125g £3.35. Tub 500g £7.85. Legal category: GSL. Product licence number: PL 0327/5904. Crookes Healthcare Ltd. Nottingham NG2 3AA.



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Comment

Friday January 21 will henceforth be known as "P Day" for a number of manufacturers, as the time when the Medicines Order removing seven medicines from prescription only control came into force. The industry hopes this influx of potent Pharmacy only medicines will herald a new dawn for the over-the-counter medicines industry after the impetus given by Government deregulation.

Without question, the Medicines Control Agency has improved its work rate one hundred-fold since it gained a measure of independence, along with funding autonomy direct from industry — despite the last minute frustrations of companies awaiting the actual licence that will enable them to detail, sell and promote to community pharmacists and public. These companies should be casting the proverbial clout before Spring is out but, for the moment, false dawns are the order of the day as companies finalise the detail in individual licences.

Last year Wellcome were widely acknowledged to have set new standards in pharmacist and patient education with the launch of Zovirax cold sore cream. The educational pack was technically comprehensive and professionally presented, tying in well with a strikingly simple consumer advertisement that got home but for the infamous *News at Ten* agent provocateur researchers. Immediate past-president David Coleman spoke for the

community pharmacists who have more sense than to ask needlessly personal questions of those who have self-diagnosed a cold sore (C&D January 8, p30).

Will other OTC companies take the Wellcome approach to education and promotion as their benchmark? Pharmacists will not have long to wait now, with the head to head clash of Centra and Smithkline Beecham on H₂ antagonists destined to be the most interesting duel for the hearts and minds of pharmacists and public alike.

Community pharmacists will have a unique opportunity to demonstrate their professional skills in recommending products from their newly strengthened Parmentarium and in guiding purchase and use of requested brands. They will have the ability to save patients with common ailments time, along with that of their over-stretched GPs, while saving money for both — the GP from cash-limited drug budgets and the paying patient the pounds and pence in their pockets.

But, as Royal Pharmaceutical Society president Nicholas Wood recently said, there is a job to be done if the profession's critics are not to have a field day. Nor should pharmacists be ashamed of the business benefits they can reap for professional services rendered. If community pharmacists and the industry get it right, the OTC sector could take off instead of merely marking time.

Time limit for PSNC chairman?

A motion to be put to the conference of Local Pharmaceutical Committees on February 28 seeks to limit the time that the chairman of the Pharmaceutical Services Negotiating Committee can remain in office.

Herts LPC is to propose: "This conference recommends that the chairman of PSNC should not serve for a period of more than two years, save in exceptional circumstances and in any event not more than a maximum of three years."

Discount scale

The Pharmaceutical Services Negotiating Committee has released details of the new discount scale which became effective on January 1.

The scale is significantly below the present one and is set to recover the over-deduction that has arisen (C&D, January 8, p28). It is likely to run for four months.

Examples of new discount scale effective January 1994

Monthly total of prices £	Deduction rate 1/1/94 to 30/4/94
From	To
5,001	5,125
6,001	6,125
7,001	7,125
8,501	8,625
10,501	10,625
12,001	12,125
13,001	13,125
14,001	14,125
15,001	15,125
16,501	16,750
18,001	18,250
20,001	20,250
22,001	22,250
25,001	25,250
31,001	31,230
35,001	35,250
45,001	45,250
59,001	and over
	9.53

Labour debate

Labour leaders are pressing for a debate in the Commons on a range of issues affecting pharmacy. They have tabled a Parliamentary Motion seeking to annul the Medicines (Pharmacies) (Applications for Registration and Fees) amendment regulations.

Extend free list

Two Northern Ireland MPs, Eddie McGrady (SDLP) and Sheamus Mallon (SDLP), have tabled a Parliamentary Motion calling for the "free prescription list" to be extended to include those who suffer from heart disease, asthma, cystic fibrosis, Parkinsons disease and terminal illness.

PSNC expects offer from DoH soon

The Pharmaceutical Services Negotiating Committee is expecting a 1994-95 remuneration offer from the Department of Health towards the end of the month. But it has not put in a formal claim at this stage.

Godfrey Horridge, financial executive, said last week that the Committee was waiting to see what the ground rules were regarding productivity. But the PSNC had had discussions with the Department on a number of items of concern to contractors.

Chairman David Sharpe said the PSNC had decided not to hold its negotiations in public this year. He stressed that this was entirely the PSNC's decision and "absolutely not" as a result of any pressure from the DoH.

One of the items being discussed is the national menu of services that family health services authorities will be able to fund from 1995.

The DoH is expected to produce discussion papers next month on collection and delivery, services to special needs groups such as the mentally ill, and residential homes. In March, discussion papers are expected on out-of-hours services, developing a hospital discharge policy, domiciliary visits and health promotion.

Other matters discussed at last week's PSNC meeting included: **Review panel** The PSNC has given the independent Pharmacists' Review Panel all the necessary information on contractors' working capital requirements (C&D December 11, p1040). The PSNC is trying to arrange a meeting with the DoH to discuss the Panel's present and future

terms of reference, following Government proposals to abolish it. The Panel is planning to meet in the first two weeks of February.

Repeat prescriptions and repeat dispensing The PSNC hopes to receive a letter from the DoH in the next three to four weeks, indicating a change of heart, and hopes that a pilot trial will start. **Health promotion leaflets** Reports are being received that FHSAs are demanding more from pharmacists than agreed between the PSNC and the DoH. Pharmacies are required to display only up to eight health promotion leaflets, so any who are being asked to provide more should contact the PSNC.

Pay for appliance supply The DoH is investigating the costs of supplying appliances (including dressings) through pharmacies compared with appliance contractors. The PSNC, which supports the project, will be

supplying information and suggests that contractors asked to participate should do so.

Payment for homes The DoH has decided not to amend the NHS (Pharmaceutical Services) Regulations 1992 to restrict payments to certain categories of residential homes. This is to allow FHSAs as much freedom as possible in determining the services they provide under locally managed pharmaceutical budgets.

Nomad criticism The PSNC has criticised a letter to pharmacists from Surgichem, saying that the company has been promoting Nomad to the two largest sheltered housing unit groups in the UK (C&D last week, p69). Surgichem have had to guarantee that each unit will have a pharmacy providing Nomad CDS as a "safety net." The PSNC does not support the initiative because it suggests that "normal" dispensing is less safe.

Staffs pharmacists offer talking scripts for the blind

Blind and partially-sighted people in Staffordshire are to get "talking prescriptions" under a scheme launched by the family health services authority in conjunction with the charity Talking Newspapers.

The scheme will involve GPs or pharmacists recording directions and advice about medication on to a tape. The tapes and recorders will be distributed free by the FSHA.

Staffordshire FSHA was approached by the chairman of Talking Newspapers after a blind hospital patient was discharged

with a booklet explaining their medication. The charity initially gave the ward sister a tape recorder, and this proved such a good idea that it was hoped to expand the service to all prescriptions.

The scheme has so far been requested by 18 GP practices and 12 pharmacies, although more interest is expected to follow.

Participating pharmacist Bob Slinn says: "This may take a little more time, and will mean more pressure when we are busy, but I think this is an excellent scheme."



Upjohn sue over Halcion allegations

An Edinburgh professor waged a sensational media campaign against one of the world's top drug companies by alleging that a massive conspiracy risked the wellbeing of patients, London's High Court has heard.

Professor Ian Oswald compared what he claimed to be the suppressed truth about dangerous side-effects of the tranquilliser Halcion to the thalidomide tragedy. Now he is being sued by Upjohn after repeating his allegations from a BBC *Panorama* programme broadcast in October 1991.

The company claims it was compelled to sue for libel because if Prof Oswald's allegedly "unsound and baseless" claims were believed, the result for the company would be "commercial suicide".

Prof Oswald and the BBC, who are also being sued, both deny libel.

In linked actions, Michigan-based Upjohn, its UK subsidiary, and one of its top executives, British-born Dr Roy Drucker, are

seeking damages from Prof Oswald and the BBC over the programme. The company is also suing Prof Oswald over an article in the *New York Times*.

Prof Oswald is counter-claiming for damages for libel against the Upjohn Group for comments published in the same article last year.

He claimed the company discovered serious side-effects of Halcion, a benzodiazepine tranquilliser, in 1973 but kept them hidden from the authorities and patients. The alleged conspiracy involved "a large number of employees from all levels of the company".

Tesco fax prescriptions between stores

A Colchester branch of Tesco, complete with contract-less pharmacy, is faxing prescriptions to a neighbouring branch to be dispensed and using taxis to return them to the original store.

The pharmacist at the recently opened Greenstead Road branch faxes prescriptions to the High Wood branch. Returning items to the Greenstead Road store by taxi is estimated to cost £3 a trip.

Mike Rudin, Tesco's pharmacy controller, confirmed the system had been operating since the branch opened two months ago: "We are getting a positive response from customers for providing an additional service."

He refuted suggestions that money was being lost on prescriptions.

An application for a contract is "imminent", but Mr Rudin could not say whether this has now been placed with Essex Family Health Services Authority.

Secretary of Essex Local Pharmaceutical Committee John Stanley says: "In general, the LPC's view of pharmacies which are faxing is that it is unacceptable."

- An application for a pharmacy contract for a Tesco store in Cirencester has met with opposition from Gloucester LPC, LMC and local councillors.

Details of POM to P changes

The regulations have now been published allowing the Pharmacy sale of cimetidine and famotidine, beclomethasone dipropionate, sodium cromoglycate and other medicines.

They are exempt from POM control in the following circumstances:

- **Beclomethasone dipropionate** — treatment of seasonal allergic rhinitis by non-aerosol nasal administration, in adults and children over 12, when sold or supplied in not more than 200 doses and the pack is labelled with a maximum dose of 100mcg per nostril, maximum daily dose 200mcg per nostril.

- **Cimetidine** — for the short-term symptomatic relief of heartburn, dyspepsia and hyperacidity, labelled to show a maximum dose of 200mg and maximum daily

dose of 800mg for a maximum 14 days. For the prophylaxis of nocturnal heartburn when labelled with a maximum dose of 100mg at night for a maximum 14 days.

- **Famotidine** — for the short-term symptomatic relief of heartburn, dyspepsia and hyperacidity, labelled with a maximum dose of 10mg and maximum daily dose of 20mg for a maximum 14 days.

- **Sodium cromoglycate** — treatment of acute seasonal allergic conjunctivitis in the form of aqueous eye drops not exceeding 2 per cent w/v in a container of no more than 10ml. For acute seasonal allergic rhinitis in the form of an eye ointment, maximum strength 4 per cent w/w in a container of no more than 5g.

- **Mebendazole** — for oral use in

the treatment of enterobiasis in adults and children over two years, labelled with a maximum dose of 100mg and in a pack of no more than 400mg.

- **Tioconazole** — for external use, including vaginal candidiasis, maximum strength 2 per cent.

- **Pseudoephedrine hydrochloride** — controlled release preparations with a maximum dose of 90mg, maximum daily dose of 180mg; in all other cases when the maximum dose is 60mg and maximum daily dose 180mg.

Nicorette Plus 4mg original flavour gum, Anhydrol Forte, Calacort cream, Corlan pellets and Dioderm hydrocortisone cream also become P medicines.

The Amendment (No 2) Order 1993 (SI 1993 No 3256, HMSO £1.55) came into effect on January 21.

Record numbers accept PSNC dinner invite

A record number of MPs have accepted an invitation to the Pharmaceutical Services Negotiating Committee's annual dinner. By Tuesday, 142 had said they hope to attend.

The PSNC has defended as "democratic" its decision to hold the dinner, despite criticisms that it is a waste of money. Chairman David Sharpe said that a poll of LPCs attending last year's conference and dinner found that 63 wanted the dinner to continue in its present format and only 13 were against the idea.

"By any standards of democracy, that seems reasonable," Mr Sharpe said last week.

This year's LPC conference and dinner will be on February 28. When LPCs were asked last year if more or less time should be devoted to discussing resolutions at the conference, 35 thought the amount of time was "about right". Only ten wanted more time and 31 wanted to spend less time.

This year's conference will start half an hour earlier than usual, at 10am. The afternoon session, which would be devoted to discussion of LPC resolutions, would be open-ended so that delegates could spend as much time as they wished in debate.

There had also been criticisms that three speakers had been invited to the morning session —

David Taylor, deputy director, Audit Commission; Ian Carruthers, Dorset Health Commission, and Clive Parr, Hereford and Worcester FHSAs.

Mr Sharpe said the reason was to ensure that contractors would be properly briefed about future plans so they could hold well-informed discussions in the afternoon.

Action on community care

Liverpool Local Pharmaceutical Committee has taken the initiative in involving community pharmacists in community care.

A statement on community care in the city has been sent to the Family Health Services Authority, the Health Authority and Social Services. It talks about the use of medicines in the community, and invites them to meet with the LPC to discuss ways in which pharmacists could be involved.

LPC secretary Jeremy Clitheroe says medicines play a crucial role in supporting many people in the community who would otherwise be in hospital. This action was part of the LPC's overall strategy to establish pharmacists as key members of the primary healthcare team.

LPC chairman John Donoghue said that many people who need community care services are unable to come to the pharmacy.

New-look HAs will have less pharmacy involvement

The replacement of health regions by outposts of the NHS Management Executive, coupled with the increase in size of the new authorities, will result in an unacceptable reduction in pharmaceutical involvement.

So warns the Pharmaceutical Services Negotiating Committee in its response to the consultative document "Managing the New Health Service". The PSNC also calls for short lines of communication to be established between itself and the NHSME and between LPCs and outposts.

"The regional structure has, to date, helped the co-ordination of pharmaceutical education, training, quality assurance and drug information, as well as enabling advice on pharmaceutical matters to be provided at the highest level," reads the submission.

"The new management structure would benefit from continuing to receive such advice.

"While the consultative document quite rightly stresses the need for good management, it seems to PSNC that the facility

for opinion from those providing the service to patients is sadly lacking. This cannot be to the benefit of patients."

The PSNC recognises that there are advantages to combining FHSAs and health authorities, but it fears that the influence of FHSAs may diminish under the new arrangements to an extent that will damage primary care.

"FHSAs have generally been freely accessible to patients and the professions and good working relationships have been forged locally," the Committee says.

"It would be unacceptable if monies earmarked for primary care services were diverted from primary care to pay for hospital

projects or, worse still, an expanded administration."

The submission argues that NHS pharmaceutical services, provided as an independent professional service, are threatened as long as GPs have a financial interest in a pharmacy operating within their own practice area.

"The establishment of community pharmacies by fundholding practices would create a serious conflict of interests."

The PSNC has also asked that any boundary changes regarding regions and amalgamation at sub-regional levels be notified as soon as is practicable, as this may affect LPC boundaries.

Professor Li Wan Po receives NI Fellowship

A recommendation by the Fellowship Panel to award a Fellowship of the Pharmaceutical Society of Northern Ireland to Professor Alain Li Wan Po was unanimously accepted at the December meeting of Council.

The meeting also noted that Mr R.H. Clarke, a past-president of the Society, had been re-appointed to serve on the governing body of the North Down and Ards College of Further Education.

Dr O'Hare reported on a meeting of preregistration students held on November 22. As well as a general discussion on

the registration examination, talks on information services and pharmaceutical organisations were given by Eilish Smith and Dr Terry Maguire respectively.

Dr Maguire reported on a joint meeting of GP trainees and preregistration pharmacists, sponsored by Glaxo, which, it was hoped, would be the first of a series of meetings to help strengthen co-operation between GPs and pharmacists.

Mr Terry Hannawin gave a detailed report of the seminar on pharmaceutical remuneration which he attended in London on December 2.

Doctors and pharmacists should team for OTC advice

Doctors should join forces with pharmacists in advising patients on the use of the increasing number of OTC medicines available, suggests the latest *Drug & Therapeutics Bulletin*.

The responsibilities of the two professions should be clearly defined and the reporting of unwanted side-effects of OTC medicines, which should be actively encouraged, should be open to GPs and pharmacists, the *Bulletin* says.

The article voices concern that the widespread use of drugs previously only available on prescription could lead to unwanted side-effects and previously unrecognised drug interactions. There is also a danger of patients not consulting their doctor on the use of OTC drugs or the medicine being used incorrectly.

"Doctors often don't know

what medicines are available over-the-counter, or for what they are being used," says editor Dr Joe Collier. "Community pharmacists are in a very good position to advise both doctors and patients about using OTC medicines."

"The patient's needs should be the major factor influencing a pharmacist's decision whether to advise the use of a drug, rather than any commercial consideration."

Warning on regulators

The Department of Health has issued a warning that old-style BOC oxygen regulators (part numbers 350000 and 350140) may be a fire hazard.

To minimise the hazard, the design was modified in 1961.

They have not been made since 1979, no service exchanges have

Welfare milks scheme by Autumn?

The Department of Health aims to have a national distribution scheme for welfare milks in place through pharmacies by the Autumn.

Proposals were sent to manufacturers, wholesalers and community pharmacy representatives earlier this month. Discussions are now concentrating on the administrative arrangements, and there have been no talks yet about how pharmacists will be paid.

The market value of welfare milk tokens is estimated to be some £35-£40 million.

The Pharmaceutical Services Negotiating Committee is pressing for the scheme to be properly funded because of the benefits to mothers in obtaining professional advice from pharmacists.

Richard Simpson, senior product manager babymilks at Farley's, says: "There are some issues to be ironed out but we saw a bigger step forward in January than we saw the whole of last year."

SMA Nutrition spokesman Don Barrett says: "The increased ease of access is good for mothers."

Prereg murder trial begins

The trial of Derek Fleming, accused of murdering his daughter Linda, a preregistration student at Halifax General Hospital, got underway at Leeds Crown Court on January 18.

Mr Fleming, from Elland, West Yorkshire, denies murdering his daughter on January 22, 1993, but has admitted manslaughter. Her body was found nine days later on the moors above Huddersfield. The trial continues.

C&D holiday planner

With this issue is *Chemist & Druggist*'s ever-popular holiday planner. Extra copies (£1.50) via Jan Powis on 0732 364422.

Genticin recall

Roche Products are recalling Genticin Eye Ointment 3g as a precautionary measure. The batches affected are: 304003, 318007, 306004, 322008, 309005 and 334009.

The company has no evidence that the product presents a risk to patients or of technical defects or contaminants, but says that the production process no longer meets the requirements of the MCA. The product is therefore being discontinued as is Genticin cream 15g and Gentisone HC cream 15g.

been provided since 1983 and no repairs have been undertaken since 1988. Spare parts are no longer available.

The DoH recommends that consideration should be given to withdrawing these regulators from service when their four-year service period has expired.

Cornwall targets medicinal waste

The Cornwall and Isles of Scilly District and Family Health Services Authorities have launched an initiative to improve the quality of healthcare through safer and more efficient use of medicines and resources.

Called "Help Us Help You", the campaign involves a cartoon character called Dr Kernow. Literature and promotional materials are being distributed through surgeries, pharmacies, schools, libraries and so on.

Chief executive Ron Spencer says the main aim is to ensure the most effective use of the monies available to support the prescription system.

While stressing that effective treatments for patients were always to the forefront, he says repeat prescribing should be monitored so that wastage was not incurred. Hoarding unused medicines and appliances could make inroads on resources.

"Patients who literally demand familiar brand medicines, rather than accepting the efficient and usually lower cost alternatives known as generics, can also increase costs for no good reason," Mr Spencer continued.

"Anyone who feels that wastage of medicines is not a problem can apply a simple test. Healthy or not, all they need do is open their medicine cabinets at home and count the number of unused items that are already past their use by date.

"Calculated on a county-wide basis, this adds up to horrendous amounts of wasted money."

ASA upholds L'Oréal complaint

The Advertising Standards Authority has upheld a complaint against L'Oréal's Elseve Care Mousse, which claimed to be "the first care mousse non-rinse conditioner".

A similar product was marketed some years earlier, but L'Oréal maintained that their product used the "Care" term in reference to the conditioning properties of the product. This coated the hair with a microfine coating of conditioning polymers, they claimed.

The ASA disagreed that the "Care" term distinguished the product from others previously available and concluded that the claim was inaccurate.

L'Oréal agreed to delete the claim from all further advertisements.



Cornering the market, but to whose benefit?

Not being a user of Nomad, I did not receive any mailing by Surgichem in November. So the first I heard of their agreement with Peverel Management Services and Anchor Housing was when I read last week's disturbing report in *C&D*, p69.

I dispense for many patients who live in sheltered accommodation and I receive their prescriptions by a variety of means. Most will come to the pharmacy themselves and would prefer to do so. Others may use home helps, relatives or friends, while I may collect and deliver for those in genuine difficulty at their request.

In all cases, the residents of these homes are encouraged to retain as much independence as possible. The underlying principle is to maintain for as long as possible the freedom of choice of each resident to avail themselves of community services normally available to the rest of the population.

It seems by this agreement that this fundamental principle is now under attack, with residents "expected to approach their local pharmacy about Nomad supply" with the

unspoken threat that, if that particular pharmacy refuses to co-operate, then "I know a man who will!"

The residents, because of their vulnerability, are unable to reasonably object and are being involuntarily used to enforce a commercial agreement between the housing groups and Surgichem.

The provision of pharmaceutical care to residents of sheltered accommodation should be according to the needs of each patient. Certainly compliance aids may be necessary in some cases, but Surgichem have negotiated a monopoly of supply at our expense and it might well be imposed on residents, whether they wish it or not.

This may make good commercial sense to Surgichem and persuade the housing groups that another worthwhile service is being provided at no extra expense to themselves or their residents. But I see it as nothing short of commercial blackmail. I either dispense in a Nomad modified community dosage system at my expense or I will lose that custom to someone more compliant.

I do not easily submit to blackmail and will forcefully acquaint my clients of the position. I trust other pharmacists will do likewise.

How not to pass the environment buck

When a few years ago medical waste was washed up on some of our beaches, there was an understandable public outcry. But just as unappealing is the sight of used nappies and sanitary towels sloshing about in the surf.

The problem of disposal, biodegradability and eco-sense were discussed fully in last week's *C&D* feature on "Feminine Hygiene" and, coincidentally, also highlighted

by the launch of a soluble biodegradable nappy (p100).

But I was amazed at the arrogance of Sancella and Kimberley-Clark, who both blame the sewerage system and the inadequacy of some water authorities for being unable to cope with the plastic backs from sanitary towels.

It was not the water industry which put the plastic backs on sanitary towels. But if they are to be charged with developing plant to remove this pollutant, or alternatively to expend resources in burying them in landfill, then surely the manufacturers should be made to foot the bill.

I wish the new nappy every success but it should be allowed to compete fairly on price. The total cost of manufacture, marketing and disposal should be considered, and manufacturers who insist on passing environmental responsibilities to others should be made to pay the price.

Competition in the herpes sector

Zovirax is one of those drugs which has always been prescribed with caution because of cost consequences.

Over the years, this resistance has been eroded and Wellcome have been reaping the reward. My use of Zovirax treatment packs at £113 per patient has been rising steadily, while the illogical dispensing of 2g tubes of Zovirax cream at a cost to the NHS greater than the retail value of the same product continues apace.

Some of this may now change with the introduction of an interloper into this cosy monopoly. If Famvir lives up to its claim, then the treatment of shingles will be simplified for the patient and at a lower cost to the health service.

Apart from familiarity, the present formulation of Zovirax seems to have few advantages. So, unless Wellcome have a clever marketing strategy up their sleeves, they may have to resort to the crude economics of the marketplace in order to compete. If the price then falls to more realistic levels, perhaps those patients denied shingles treatment may at last receive the relief to which they should be entitled.

Topical REFLECTIONS

Script specials

Sandimmun go ahead for use in atopic dermatitis

Sandimmun (cyclosporin A) from Sandoz Pharmaceuticals has been approved for use in the management of severe adult atopic dermatitis where conventional treatment is ineffective or inappropriate.

A dose of between 2.5 and 5mg/kg/day is recommended initially, divided into twice daily doses for

a maximum of eight weeks. A recent study revealed that the effects of therapy can persist for up to a further eight weeks.

Follow-up investigations should be repeated every two weeks and include blood pressure and serum creatinine. Because of the need for close monitoring, Sandoz advise that treat-

ment should only be initiated by a hospital-based dermatologist.

Sandimmun inhibits secretions of chemical mediators such as interleukins and other lymphokines which are thought to play a part in the pathogenesis of atopic dermatitis. **Sandoz Products Ltd.** Tel: 0276 692255.

Niconil for blacklist?

Niconil looks set to join other nicotine patches on the Selected List, despite manufacturers Élan Pharma offering to reduce the

Unpreserved syrup supplies

Unpreserved syrup has been in short supply since December when Thornton & Ross were unable to supply due to "contamination" of the product.

Unpreserved syrup is essential for the manufacture of methadone as preservatives found in ordinary syrup cause precipitation.

The information department at the National Pharmaceutical Association says that supplies can now be obtained from **J.M. Lovidge plc.** Tel: 0703 228411.

price to allow it on an FP10. Health Minister Dr Brian Mawhinney has sent the company a letter saying patches are disallowed for reasons of efficacy and cost. However, he concedes that the success rate with patches is higher when prescribed than when bought over the counter, says Declan Dixon, Élan Pharma's UK business manager.

Mr Dixon believes that all nicotine patches will continue to be disallowed as long as the revenue generated from tobacco is more than it costs to treat smoking diseases.

"The decision is political rather than clinical."

- Counselling aids are going out to pharmacists to help them select and counsel patients appropriately. "Initial support material was aimed at doctors," admits Mr Dixon. The company is now preparing material for use in the community pharmacy.

SB put Kytril in tablets

Smithkline Beecham have launched Kytril, indicated for the prevention of nausea and vomiting in cytostatic therapy, in a tablet form.

Each white triangular film-coated tablet contains 1mg granisetron. The adult dosage is one tablet twice a day: the first dose should be administered one hour before the start of cytostatic therapy. The maximum dose administered in 24 hours should not exceed 9mg. Kytril is not recommended for children under 12 years.

Kytril may reduce lower bowel motility. Patients with signs of subacute intestinal obstruction should be monitored.

Kytril tablets (POM, PL 10592/0032) come in packs of ten (NHS price £91.43). **Smithkline Beecham Pharmaceuticals.** Tel: 0707 325600.

Medical Matters

Dothiepin the 'most toxic' TCA

"Regulatory authorities should review the need for a 75mg strength of any tricyclic anti-depressant," say the authors of a study published in *The Lancet*. When taken in overdose, dothiepin was found to be more toxic than other TCAs. Dothiepin was also found to be pro-convulsant.

The study followed up 302 patients admitted into an Australian hospital with TCA poisoning. Those who had taken dothiepin had a higher incidence of seizures and arrhythmias than those who had taken other TCAs.

Those who had seizures were more likely to have taken the 75mg strength of dothiepin but a smaller total dose than subjects who had seizures following ingestion of other TCAs.

Arrhythmia incidence could be increased because of seizure-induced hypoxia.

The authors recommend that the use of dothiepin as a first-line treatment for depressed or potentially suicidal patients "should be questioned".

Previous reports from the UK suggest that the death rate after overdose is higher with dothiepin than with other TCAs.

Dr Helen McGrady, medical adviser to Boots Pharmaceuticals who manufacture Prothiaden, says: "All literature points to the effective dose as being between 75mg-150mg."

She also revealed another study of 489 patients conducted by the Poisons Unit at St Guy's Hospital which shows no difference between dothiepin and other TCAs.

Compliance dispute

Although 97 per cent of doctors think the acute stage of shingles is extremely unpleasant and painful for patients, only one-quarter believe that they should prescribe effective therapy, according to a survey of 204 GPs.

Speaking at the launch of Smithkline Beecham's anti-viral Famvir, Dr Alan Wade said the survey suggested that GPs are uncertain of the most effective shingles treatment and whether patients will comply with a strict treatment regimen.

Some 98 per cent of the GPs taking part in the study feel that a three times daily regimen for a prescribed medicine is preferable to five times daily.

Zovirax price

The price of the Zovirax Shingles Treatment Pack has been reduced from £113 to £107.30, undercutting Smithkline Beecham's Famvir shingles pack by 5p. **Wellcome Foundation Ltd.** Tel: 0270 583151.

Tariff changes

From March 1 the following will be included in category D, part VIII of the Drug Tariff: Beclomethasone dipropionate inhalation 50mcg, 100mcg and 250mcg (based on Filair). Sodium cromoglycate 2 per cent eye drops (based on Baker Norton's Eye Crom).

Rheuflex tablets

Goldshield are deleting the last of their generic products Rheuflex (naproxen). Once existing stocks of Rheuflex tablets 250mg and 500mg have been exhausted, no further supplies will be available. **Goldshield Healthcare Ltd.** Tel: 081-684 3664.

Granocyte marketing

Granocyte (lenograstim) will be marketed in the UK by Chugai Pharma UK Ltd in co-operation with Rhône-Poulenc Rorer. The product will be only available direct: normal wholesale distribution will not apply. **Rhône-Poulenc Rorer Ltd.** Tel: 0323 721422.

In-line filter

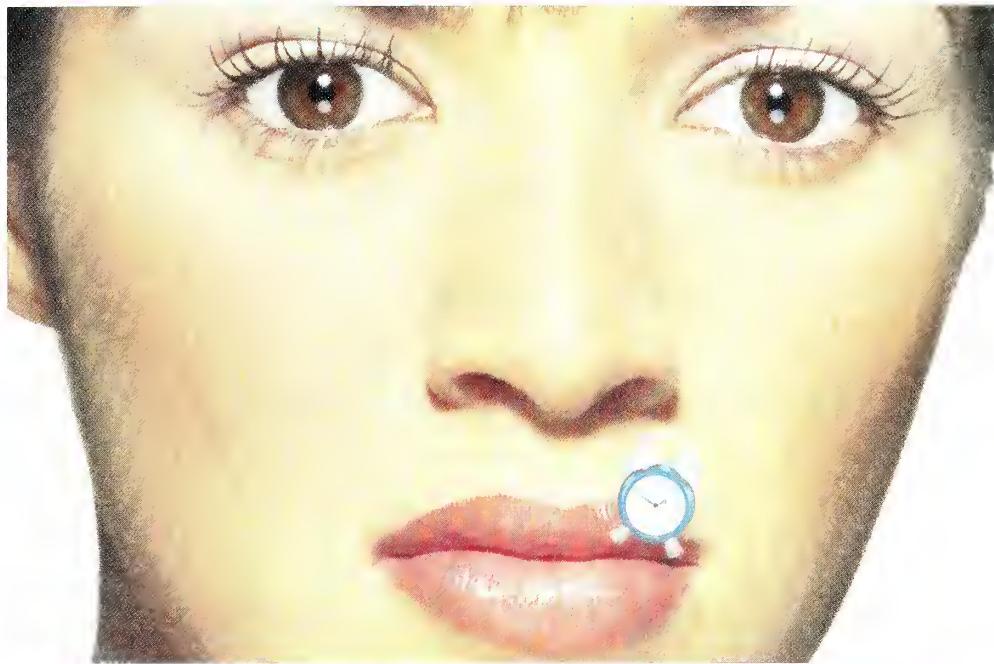
Syntex are recommending that with immediate effect and until further notice, a 5 micron or smaller in-line filter is used when infusing ganciclovir (Cymevene) solution. During recent quality tests, crystals of 10-19 microns were seen occasionally in reconstituted vials, identified as a component of the rubber stoppers on the vials. Once a suitable filter has been identified, it will be supplied with all stock. The company intends to recompense use of in-line filters. **Syntex Pharmaceuticals Ltd.** Tel: 0628 33191.

Neupogen change

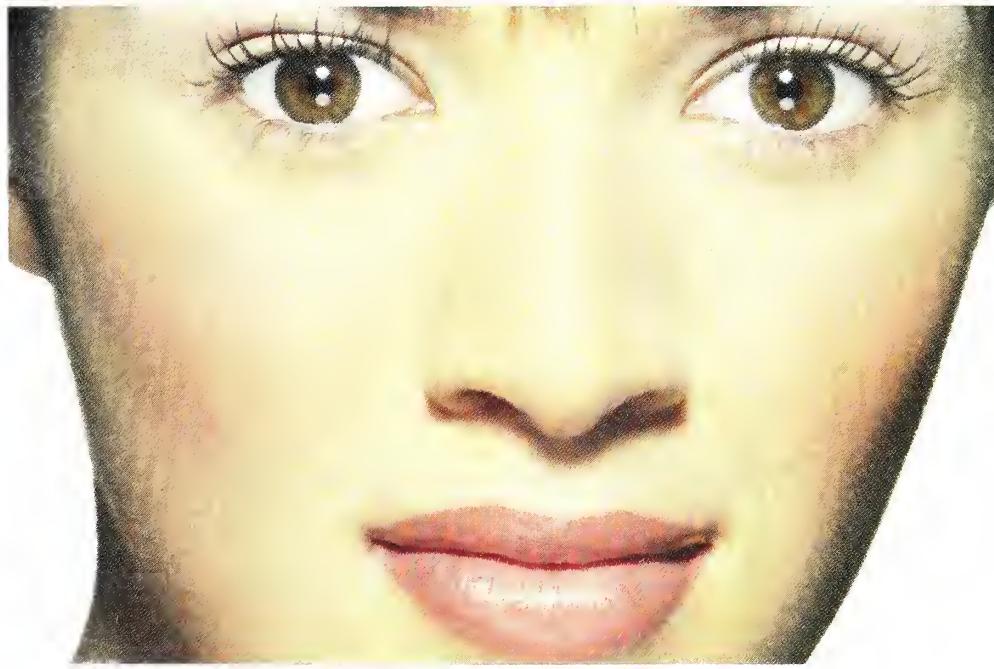
A number of changes have been made to the Data Sheet for Roche Products' Neupogen (filgrastim). A new indication has been added and the product can now be used in severe congenital neutropenia, cyclic neutropenia or idiopathic neutropenia with a history of severe or recurrent infections. A new contra-indication is severe congenital neutropenia (Kostman's Syndrome) with abnormal cytogenetics. **Roche Products Ltd.** Tel: 0707 366000.

Periactin indications
Merck are deleting the indication for appetite stimulation Periactin Syrup, which is now discontinued. **Merck Sharp & Dohme.** Tel: 0992 467272.

COLD SORES? A MAJOR BREAKTHROUGH



Treating the tingle can prevent a cold sore



ZOVIRAX®

COLD SORE CREAM

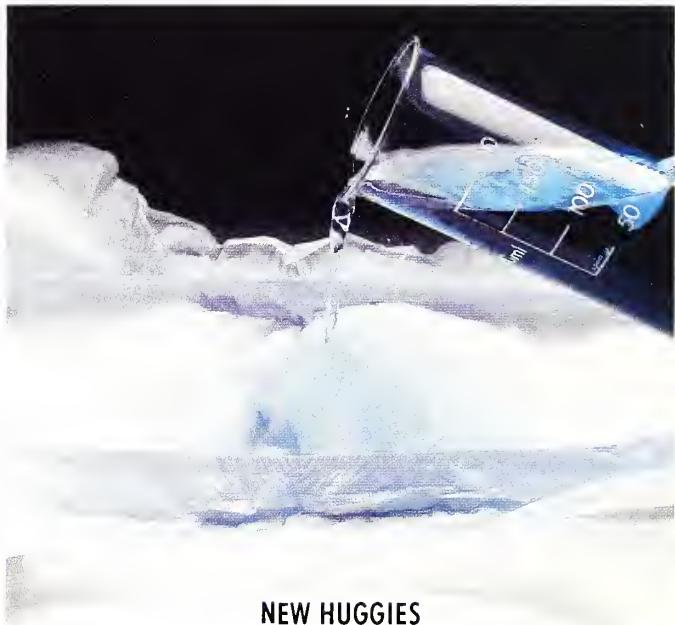
Early use can prevent a cold sore

ZOVIRAX COLD SORE CREAM®. Acyclovir. Essential information. **Presentation** 5% w/w acyclovir in water miscible cream base. **Uses** Cold Sore treatment. **Dosage and administration** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued up to an additional 5 days. **Contra-indications, warnings, etc.** **Contra-indications:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side- and adverse effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **Retail Selling Price** - subject to Retail Price Maintenance: 2g tube - £4.99 (PL 3/0304) **Legal category** P. Further information available on request: Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Crewe, Cheshire CW1 6PF, UK. © Wellcome Trust 1998. All rights reserved. ZOVIRAX is a registered trademark of Wellcome Trust. Wellcome is a registered trademark of Wellcome Trust.

The competition are wetting themselves.



LEADING NAPPY



NEW HUGGIES

The market leader is not sitting comfortably. The US Brand Leader Kleenex® Huggies® Ultrathin Nappies, are now available here.

Huggies are more absorbent than the leading nappy, keeping even the heaviest wetters dry day and night.

And incredibly, they're only half as thick. So that means a much better fit on baby and on your shelves. Impressed by over £15 million advertising and direct mail support, mothers

will be rushing to change their babies' nappies. Shouldn't you be changing yours?



IT'S TIME TO CHANGE YOUR NAPPY.

Counterpoints

Medisport get fit for pharmacy



Medisport International are striking into pharmacies next month with the launch of their Sports Medicines Centres, a comprehensive range of treatments for the amateur sportsperson.

With 80 per cent of the 29 million sports injuries in the UK going untreated by GPs, the company believes that pharmacists are ideally placed to offer qualified advice. It has been providing products to sports professionals and physiotherapists since 1978.

The Centre offers a variety of products: the

neoprene range for localised compression with added comfort; cotton elastic range for localised compression; and a cooling range of products which includes Cooling Spray, Cooling Gel, Coldwrap and a one-use Instant Ice Pack which does not need refrigerating.

In addition, there are tubular bandages, Medisplint, Medirub warm-up cream in medium and hot strengths, mouthguards, Medilastic elastic adhesive bandage and Flex-a-Band body shaper. Prices range

from £1.25 for a tubular bandage to £34.32 for a hinged knee support.

Pharmacists would be able to stock a selection of the range, with metal stands and display material available on request. The products are available by transfer order through Unichem.

The company intends to run a series of training seminars around the UK to inform pharmacists about sports medicine treatment and alert them to the marketing opportunities in stocking the range.

Medisport International Ltd. Tel: 0730 231132.



Crookes Healthcare have produced a planogram for the throat remedies sector to help maximise profit for pharmacies. Space planning manager John Storey says that pharmacists, in common with all business people, need to look at overheads, return on investment based on the space available and at what customers want. The planogram puts GSL brands on the front of the counter and P medicines behind glass. In trials the company found a 13 per cent increase in sales and profit when the planogram was in place.

Natural therapy for skin and hair

Natural toiletries company Blackmores have added four products to their range.

Protein Hair Spa (60g, £3.99) is a leave-in conditioning product for dry and damaged hair. It contains pro-vitamin B5, glucose glutamate, soy protein and essential oils of rosewood, geranium, sandalwood and lavender.

Purifying Body Soap (£2.99) contains extracts of St John's Wort, essential oils of tea tree and myrrh.

Aloe Toner (£6.99) is pH balanced and contains aloe vera and arnica. Suitable for dry skin, Blackmores recommend it is used with their Almond Cleansing Creme.

Gentian Balancing Night Creme (£5.99) is a light formulation containing watercress and gentian extracts plus vitamin E, suitable for normal and oily skin. Blackmores recommend use with Papaya Foaming cleansers and Witch Hazel toner.

Blackmores. Tel: 0753 683815.

AAH extend sanpro

Vantage are increasing their range of feminine hygiene products with the addition of Ultra Thin Plus winged towels. They come in packs of 16 regular or 14 super towels (£2.59).

Pharmacists ordering Baxa oral syringes during January can get a 20 per cent discount.

During February, retailers can get 15 per cent off Monoject insulin needles, U100 syringes and blood lancets. A 17.5 per cent discount is available on Omron blood pressure monitors, TENS pain relief massager and digital thermometer. **AAH Pharmaceuticals.** Tel: 0928 717070.

Quick Shot for nails

Quick Shot Nail Dry is a finishing spray which helps nail polish dry faster.

New from Forsythe, Quick Shot (£4.60) gives a long-lasting, glossy finish to nails without irritation. **Forsythe Cosmetics.** Tel: 071-625 8012.



A Sudocrem calendar in the shape of a Sudocrem tub with a tear-off date pad is now available for pharmacies. The calendar is easily fixed to the pharmacy wall and can be obtained from Pharmax representatives. **Pharmax Ltd.** Tel: 0322 550550.

**SWITCH ON
TO NYTOL AND
WATCH YOUR SALES
EXPLODE.**

TV Test boosted OTC market by 70%. Nytol became clear brand leader.



NYTOL THE FIRST SLEEP AID ON NATIONAL TV

DIPHENHYDRAMINE HCl

Nutel and Z/s logo are trade marks of Stafford Miller Ltd.

Protein formula to revitalise Flex ...

Revlon have relaunched their Flex shampoo and conditioner range with improved protein-enriched formulations, a fruity fragrance and pink packaging.

There are three Flex shampoos: Revitalising for extra body for fine hair, which coats each strand with a protective layer for thicker-looking hair; Gentle for frequent use; and Strengthening for dry

or damaged hair, containing a balance of silk proteins and moisturisers to rehydrate.

There is a choice of three protein-enriched Flex conditioners: Replenishing for extra body, which has a pH balanced, self-adjusting formulation to condition hair where it needs it; Daily Protective conditioner for frequent use, which gives light

conditioning; and Rich conditioner for dry/damaged hair, a deep acting formulation to help repair out of condition hair.

All shampoo and conditioners are priced at £2.35 for a 350ml bottle.

The launch of the protein-enriched Flex range will be supported by television and radio advertising. **Revlon Int'l. Tel: 071-629 7400.**



... as hair gets added care

A range of four intensive hair treatments has been added to the Flex range.

Flex Non-Rinse Mousse Conditioner (150ml, £2.45) is for hair that needs regular conditioning and comes in three variants: Volumising for extra body, Moisturising for dry/treated hair and Nourishing for light conditioning on normal hair.

For hair that still looks lifeless after washing and conditioning, there is Flex Leave-in Conditioner (200ml, £2.45). It will improve texture, bounce and volume of hair without weighing it down.

For hair that is dry and frizzy with little shine, there is Flex Exceptional Shine (30ml, £3.45), a silicone-rich formulation which smooths the hair cuticles, making it more resistant to damage.

For hair that has become brittle and damaged due to chemical treatments or heated appliances, there is Flex Intensive Nutrient Treatment (100ml, £3.45). A rinse-off treatment for occasional use, it will help protect hair from further damage, reduce static and add bounce. **Revlon. Tel: 071-629 7400.**



Roc protect with Sécurité Soleil

With growing awareness of the dangers of sun exposure, Roc have reformulated their sun protection range with an anti-ageing system and added higher factor products.

The anti-ageing protection system, called Sécurité Soleil, combines ginkgo extract and tocopherol acetate (vitamin E). Roc says this combination increases the power to neutralise free radicals to 92 per cent.

Sécurité Soleil has been developed for Roc's Ultra/Maximum protection category, comprising five products of SPF12-25. All

products are water and sweat-resistant.

New to the range is Tinted Total Sunblock cream SPF25 (50ml, £7.15), which combines a hint of colour with total protection. Also new is Colourless Total Sunblock cream SPF25 (50ml, £7.15).

The range includes Invisible Sunscreen Cream SPF15 (50ml, £8.35); Invisible Sunscreen Lotion SPF12 (150ml, £9.75); and Sunscreen Stick SPF15 (3g, £4.15), a pocket-sized stick ideal for vulnerable areas of the face. **Laboratoires Roc. Tel: 0372 749223.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend	GMTV Breakfast Television	W Westcountry

Actifed:	CAR, G
Ajax Compact:	All areas
Andrews Antacid:	All areas except CTV, TTV
Askit capsules:	STV, G
Beechams:	All areas
Beechams Nurses range:	All areas
Benylin:	All areas
Bisodol:	All areas
Canderel:	G, C, A, HTV, W, CAR, C4, GMTV
Colgate Total:	All areas
Contac:	All areas
Dentu-Creme:	B, G, Y, HTV, TT
Duracell:	All areas
Ibuleve:	A, C, U
Just for Men:	BskyB, LWT, C4
Lemsip Flu Strength:	C4, LWT, CAR, M
Macleans Active Mouthguard:	All areas
Meltus:	STV, G, Y, TT
Mentadent Night Action:	All areas except U, LWT
Mucron:	All areas
Neutrogena handcream:	C4
Nurofen:	All areas
Nytol:	All areas
Oruvail gel:	All areas
Panadol Ultra:	All areas except TTV
Poli-Grip:	GTV, STV, B, G, A, HTV, W, TT, C4
Ponds Nutrium:	All areas except U, LWT
Remegel:	All areas
Rennie Rap-eze:	All areas except CAR
Seabond:	HTV, LWT
Sensodyne:	All areas except CTV, CAR
Steradent:	All areas except BskyB, GMTV, C4
Sudafed:	CAR, C, G, Y, HTV, STV, G, B
Sure Sensitive:	All areas except U, LWT
Tixylix:	All areas
Veno's:	All areas



Colgate stands up in bigger tubes

Colgate-Palmolive are launching 100ml stand-up toothpaste tubes this month, and discontinuing the 75ml lay down tube.

All variants will be available in the new tubes and will retail at £1.39, except Colgate Total which will retail at £1.79.

Colgate estimate that

100ml stand-up tubes will account for 20 per cent of the company's sales within a year. They say that pharmacists will benefit as the tubes offer space savings and price premiums compared with lay down tubes. **Colgate-Palmolive Ltd.** Tel: 0483 302222.

Arden combine AHAs with Ceramide

The bid to combat ageing continues, with Elizabeth Arden combining alpha hydroxy acids (AHAs) with their Ceramide complex.

Called Alpha-Ceramide, it is a skincare programme, designed to acclimatise skin to increasing levels of AHA complex, which can initially irritate skin in high doses.

Ceramide (moisture-enhancing lipids) is included to optimise the effect of AHAs, says the company.

The first stage is the Alpha-Ceramide Starter

System (£45), comprising four 7ml bottles. Alpha 1 (3 per cent AHA) is used nightly for two weeks; Alpha 2 (4.5 per cent AHA) for two weeks; Alpha 3 (6 per cent AHA) for two weeks; Alpha 4 (7.5 per cent AHA) should be used daily thereafter, and can be purchased separately in a 25ml bottle (£45).

Elizabeth Arden claim Alpha-Ceramide will greatly improve the appearance of fine lines and wrinkles after two months of usage.

Elizabeth Arden. Tel: 071-224 1213.

Merocaine campaign

Merocaine's Winter campaign will be advising customers to "Reach for real relief".

The January/February campaign will run in the national Press. Manufacturers, Marion Merrell Dow estimate that the advertisement will be

seen by 30 million adults nationwide.

Pharmacists who have not yet placed an order to receive point-of-sale material to coincide with the advertisement are asked to contact their reps. **Marion Merrell Dow.** Tel: 081-848 3456.

Sunrise inspires

Sunrise is the Spring collection of colours from Outdoor Girl, a mix of pinks, oranges and earthy shades.

For eyes there is Velvet Matte shadow in Nutmeg or Green Chartreuse (£1.79). For lips and nails

there are matching Colour Rich lipsticks (£1.99) and nail polishes (£1.89) in a choice of Terracotta Blaze, Orange Sizzle and Sweet Seduction. **Procter & Gamble (Cosmetics & Fragrances).** Tel: 0202 524141.

Aquatonic trial

Elida Gibbs are introducing a limited edition trial size version of Brut Aquatonic Body Spray from February. It will retail at £0.99. **Elida Gibbs.** Tel: 071-486 1200.

Mavala money

Mavala are offering consumers three basic nail care products for the price of two until the end of March. A merchandising unit with show cards is available. **Mavala UK (Ltd).** Tel: 0732 459412.

Nivea Visage

Beiersdorf would like to assure retailers that current stock problems on Nivea Visage will be restored shortly. Supplies have been limited due to "unprecedented" demand

for the company's Nivea Visage Anti-Wrinkle Creme, following an article in *The Mail on Sunday*. **Smith & Nephew.** Tel: 021-327 4750.

Spot support

Samuel Par's Formule B spot pen is being supported with a £2 million Press campaign in daily newspapers from February until April. **Bioconcepts.** Tel: 0705 499133.

Bio-Light

Bio-Light, the detoxification diet, is being supported with a Press campaign in newspapers until April. **Bioconcepts.** Tel: 0705 499133.

Pripsen

Reckitt & Colman have appointed Seton Healthcare

Group plc as the exclusive UK and Eire distributors for Pripsen antihelmintic treatment. **Seton Healthcare Group plc.** Tel: 061-652 2222.

Numark aspirin

Numark have added dispersible aspirin to their own-label OTC range. The 75mg tablets will be supplied in packs of 100 in child-resistant, tamper-evident containers (£1.09). **Numark Management.** Tel: 0827 69269.

Mentholaire

The name of Mentholaire's steam bath decongestant was spelt incorrectly in last week's *Counterpoints* (p75). The headline should have read: "Breathe easier with Mentholaire." **The Jenks Group.** Tel: 0494 442446.

Natural toiletries from New Zealand

New Zealand company Les Floralies are launching four toiletry ranges based on natural ingredients to the UK market at the Spring Fair in February.

The products include natural ingredients sourced from the Pacific Ocean and New Zealand. All products and ingredients are cruelty-free.

There are three ranges for women, called Seascape, Coming up Roses and Personal Fragrance. Seascape is a range of 12 body products containing marine extracts, with an ozonic fragrance. Personal Fragrance comprises skin, bath and gift products in four fragrances: Gardenia, Lavender, Flowers of Provence and Linden Leaves. Coming up Roses is a range of body and bath products in three rose fragrances.

Also on show at the Spring Fair will be the company's new male range, Instinct. Packed in stoppered glass bottles, Instinct products are packed in pine boxes.

There are eight products: aftershave, aftershave balm, shaving gel, deodorant, soap, wooden soap dish, razor and shaving brush. Prices range from £4.25 for 160g soap to £18.99 for 100ml aftershave. Ingredients include lemon, geranium and orange essential oils, aloe vera, collagen and cloves. **Ragdale Industries.** Tel: 0462 742825.

Braun get flexible

Braun are adding Flex Control 4504 to their shaver range this month.

It has a twin foil system, which automatically adjusts to the contours of the face to give a smooth shave every time, says the company.

It also features a pop-up trimmer, built-in automatic voltage adjuster and one-hour quick charge which lasts for up to 11 hours' shaving. It can also be used via the mains.

The shaver will retail at £79.99. Support will run throughout the year as part of the Braun shaver range advertising campaign. **Braun (UK) Ltd.** Tel: 0932 785611.



Unichem offers

Unichem are offering customers savings on a range of products during February.

Lucozade Original is available for £11.65 for 12, with Ribena on offer at £15.97 for 12.

Slim-Fast costs £29.40 for an outer of six. The offer is available on chocolate, strawberry, vanilla, banana and hot chocolate varieties.

Kotex Simplicity Night Time are available at £20.22 for a pack of 24. Regular and Super at £15.43 for 12 and Simplicity Standard and Brevia Plus at £7.47 for 12.

Vidal Sassoon's Wash & Go 200ml is on offer at £8.58 per outer, giving the pharmacist a POR of 30 per cent.

Unichem's facial tissues are offered at 33.3 per cent discount, allowing consumers to "buy two get one free". **Unichem.** Tel: 081-391 2323.

New Mirage from Lynx. Its success will be no illusion.



No other brand in the recent history of male toiletries has quite the same aura of success as Lynx, outselling as it does, its closest competitor by 3 to 1. Now, new Mirage, with its fashionably fresher fragrance, is about to hit the market.

*Nielsen NBC Consumer Data 12 months ending Sept/Oct 93'



Backed by a massive £9 million total brand support, and its own dedicated TV campaign, Lynx Mirage is now a reality. Focus on profit. Order now.

LYNX THE BIGGEST NAME IN MALE TOILETRIES

ELIDA GIBBS
LEADERS IN PERSONAL CARE

Change must come from within the system

Exactly what does Hemant Patel want of the National Pharmaceutical Association? I am delighted to read that, at last, the self-appointed and the non-elected recognise that the NPA Board members (democratically elected every three years) are a selected and privileged few, who have integrity, a sense of responsibility and fairness, and a clear understanding of the views of the membership.

From my many utterings and campaigns in the pharmaceutical Press, I am sure that I cannot be described as lacking in courage, conviction or a willingness to speak up on behalf of community pharmacy in general, and the NPA membership in particular.

Unlike some, I am not a pharmacist of slogans or of destructive criticism. Thrashing around without any positive and definite ideas and programmes will not attract the mainstream support in community pharmacy.

Minority activists must realise that, when their political representatives are dealing with the policy formers in the corridors of power, a united profession has respect and is thus able to obtain more for its membership.

Mr Patel must realise that there is only a limited amount that he can achieve outside the democratically elected system.

If he wishes to have real change and affect it, he must offer himself up to all the pharmaceutical bodies. In this, I sincerely wish him well, having been through the process myself.

David Thomas
Wolverhampton

Condolences ...

We, the undersigned, would like to express our heartfelt and deepest condolences to Mr Deepak Mittal and his family (of J. Swire & Sons Chemist, 246 Kingscross Road, Halifax) at the tragic loss of their 12-year-old daughter in a road accident on January 5.

Messrs Y.P. Kansal,
M.Thirkill, A. Hafiz,
and O.D. Davies
Huddersfield

Mothers can afford oral syringes

I am surprised at the misunderstanding of my letter to Xrayser concerning oral syringes (C&D December 11, page 1056). If, at the risk of

boring readers, I can put my point in a different manner.

Here we have a mother coming to a pharmacy to collect a prescription — typically an antibiotic, a cough mixture or perhaps Ventolin syrup. First, the NHS and the taxpayer have invested billions in paying for the development of these medicines by a pharmaceutical industry in the top three in the world league.

It has then paid for the distribution of these drugs to a pharmacy by a wholesaler system comparable to any in the world in terms of speed and integrity of supply. It has then paid to have these dispensed by a group of professionals whose own training it has also paid for.

After all this, Xrayser thinks that the NHS has no right to expect from this mother, who is not paying a single penny at the point of delivery, to pay for a syringe (which I sell at 49p). Clearly this is ridiculous, as is Xrayser's belief that there is anywhere in this country so deprived that a mother receiving a child allowance of around £10 a week could not afford to pay this princely sum.

Perhaps Xrayser should get out of his shop and see how much his hard-pressed customers spend in his

neighbouring newsagent and off-licence on life's "real" necessities! I am also left speechless that Xrayser considers the acquisition of another clerical/invoicing function (professional endorsement) to be the height of his professional aspirations!

Atul Patel
Wembley, London

Oral syringes — are we missing the point?

A1 Pharmaceuticals are the sole manufacturers of 5ml oral syringes in the UK. Our research among pharmacists and GPs has shown that there is in many cases a lack of understanding of the real concept of oral syringes.

The main reason for the introduction of this device was to avoid the necessity to dilute medication, thereby safeguarding the stability of preparations. Introducing a diluent containing water promotes rapid degradation of most pharmaceuticals by oxidation and/or hydrolysis.

Before the introduction of a British standard for 5ml oral

syringes, there was no alternative but to dilute because there was only a standard available for 5ml spoons.

Pharmaceutical preparations are, as we know, often expensive. As a pharmacist, I welcomed the change because I believe it to be more pharmaceutically correct. When studying in my final year, I elected to study the stability of pharmaceutical preparations and therefore fully appreciate the concept of oral syringes.

The actual cost of an oral syringe is only 24p, which is a small price to pay for this improved service to the public. An increment has been added to the container allowance to cover the cost of oral syringes. It has been estimated that the average pharmacy will dispense 25 each month.

A1 Pharmaceuticals are happy to supply that amount of oral syringes free when the rest of their product range is supported, thus avoiding the worry of this expense. For more information, please contact our national sales manager on freephone 0800 252049.

Gary Lewis
Managing director,
A1 Pharmaceuticals

Prescription Posers

generated scripts have made this kind of offering mercifully rarer. Try "Staril 10mg 1 mane m28". Obvious really...

Domperidone
(15gr)

Perhaps this patient was suffering from a computer virus, comments Mrs B. Geraghty of Lakes Chemist, Coventry

cream tri-nova
1.2 x 30g
Apply 6x daily after intercourse

This patient obviously lives life to the full! Definitely a case for some diplomatic counselling, says L. N. Collin of East Tilbury

No. of days treatment
N.B. Ensure dose is stated

NP

Jan 10

— 26 —

Despite 40 years' experience, Mr J. Taylor of Richardsons Chemists in Northampton couldn't make any sense of this one. Computer

R Bendrofluazide 2.5mg tablet

Send 30 tabs

Label 1 tab die

Aspirin 300mg tab soluble

Send 30 tabs

Label half tablet die pc

The patient who brought in this script to Steve Murray at H. Horsburgh Chemist, Edinburgh, thought the directions were a mite insensitive. The doctor apparently agreed that even she should be granted a final request

OXYGEN BP 1360LITRES CYLINDER
suck

Could this be the new abbreviated directions for Oxygen BP? K. Rathbone of The Pharmacy, Llandysul suspects that it might have been deliberate. It is said that laughter is the best medicine

1000mg tab

1 tab daily

56

GAVISCON LIQUID

10ml prn

2 x 500mls

CIMETIDINE 400MG TAB

1 tab tds

180120

What kind of period of treatment does the third item on this script qualify for? Peter McCree, superintendent pharmacist for Lincoln Co-op, calculates that the quantity ordered amounts to 165 years' supply

Do they ever actually look at what they are signing, or is the computer totally infallible?

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01193/618



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In December two commercials for Strepsils went back on national TV. When those commercials first appeared, we received our highest ever rate of sales in pharmacies. So naturally you'll want to ensure your stock is well displayed, because this year we will spend more than ever. And if you find that hard to swallow, you know what to take.



Antidepressants may have different mechanisms of action and different structures, but there are striking similarities among them.

Acutely, all enhance the activity of one or both of the central neurotransmitter amines noradrenaline and serotonin (5-HT). For each drug, the therapeutic effect is only achieved after two or three weeks' treatment, long after their pharmacological effects are established.

And, by common consensus, they are broadly equally effective in relieving depression in clinical trials, achieving a response in 60 to 80 per cent of patients.

It is still uncertain how these drugs elevate depressed mood. But it is tempting to infer that, whatever happens during the first fortnight, it occurs with all antidepressants to a similar extent.

Experimental evidence suggests that prolonged treatment with antidepressants reduces the numbers of (down-regulates) beta-receptors, alpha-receptors and serotonin receptors in the cortex.

It is important to bear in mind this common outcome, because most of the arguments about the relative merits of antidepressants centre on the frequency of acute adverse effects, their toxicity in overdose and their cost.

More recently, attention has turned to preventing relapse by prolonging treatment for four to six months (continuation treatment) and preventing relapse by treatment for several years (prophylaxis). But clinical experience is too limited to conclude that any agent is superior.

Classification

Antidepressants are classified according to their mechanism of action or structure (Table 1). The heterocyclic agents include the 12 tricyclic antidepressants, "atypical" agents such as the bicyclic viloxazine, the tetracyclic maprotiline and mianserin and trazodone.

• Tricyclics

The structural relationships of tricyclics can be quite confusing. They are often described as tertiary (for example, amitriptyline, dothiepin, imipramine) or secondary amines (desipramine, protriptyline) because the tertiary amines have greater effect on serotonin function and are more sedating.

The tricyclic nucleus can be structurally closer to that of imipramine (clomipramine, desipramine, trimipramine) or amitriptyline (nortriptyline, butriptyline). Doxepin, dothiepin and protriptyline have slightly different structures.

• MAOIs

The monoamine oxidase



Defeating depression

The introduction of a new class of antidepressant drugs — the selective serotonin reuptake inhibitors (SSRIs) — during the past ten years has significantly changed the treatment of depression. In this article, Steve Chaplin MRPharmS describes the modes of action of antidepressants, and the advantages and disadvantages of each class of drug

Table 1 Classification of antidepressants

Heterocyclic Tricyclics	
Others	amitriptyline imipramine clomipramine lofepramine mianserin trazodone viloxazine maprotiline
Monoamine oxidase inhibitors	
Non-selective	
Selective	phenelzine isocarboxazid tranylcypromine moclobemide fluoxetine fluvoxamine paroxetine sertraline
Selective serotonin reuptake inhibitors	

inhibitors are a group of structurally dissimilar compounds. They are now divided into the older agents which irreversibly inhibit monoamine oxidase A and B, and the new selective RIMAs (reversible inhibitor of monoamine oxidase A), the first of which, moclobemide, was recently introduced.

• SSRIs

The selective serotonin reuptake inhibitors (SSRIs) are also structurally heterogeneous. Compared with other antidepressants, they are highly selective for one neurotransmitter and this confers a similar spectrum of therapeutic and adverse effects.

• Lithium

Lithium is also used for treatment and prophylaxis in patients with bipolar (manic-depressive) and recurrent unipolar (depressive) disorders. It is a special case not considered further here: its use requires specialist supervision, blood level monitoring and its long-term use is associated with adverse renal changes. It is reserved for use when other agents have failed.

Mechanism of action

• Heterocyclic agents: tricyclics Tricyclic antidepressants interact with several neurotransmitters (Table 2), producing different therapeutic and adverse effects.

Their therapeutic effects are probably due to inhibition of the reuptake of noradrenaline and serotonin by blocking the presynaptic "amine pump". But the tricyclics also differ in their interaction with other central and peripheral neurotransmitters — particularly muscarinic cholinergic receptors — and these properties account for many of their acute adverse effects.

In addition, amoxapine, which is structurally related to the antipsychotic agent loxapine, interacts with dopamine.

Continued on p ii

Continued from p 1

• **Heterocyclic agents: atypical** Mianserin, maprotiline and viloxazine enhance noradrenergic function; trazodone blocks serotonin reuptake. Only maprotiline has significant anticholinergic activity.

By contrast with tricyclics, mianserin does not block amine reuptake. It appears to act by blocking the presynaptic alpha-receptors which normally inhibit the release of noradrenaline. Mianserin also has significant antihistamine H₁ activity.

• **Monoamine oxidase inhibitors: non-selective** These antidepressants prevent the breakdown of noradrenaline, serotonin and dopamine by inhibiting A and B types of the enzyme MAO. MAO-A preferentially breaks down noradrenaline and serotonin; MAO-B is selective for phenylethylamine; tyramine and dopamine are deaminated by both enzymes. Only inhibition of MAO-A is required for antidepressant activity.

The MAOIs bind irreversibly. Enzyme activity is abolished within a few days and is restored by synthesis of new enzyme over about two weeks after phenelzine and five days after tranylcypromine.

• **Monoamine oxidase inhibitors: RIMA** Moclobemide is currently the only RIMA in clinical use in the UK. By contrast with the traditional MAOIs, it is a competitive — and therefore reversible — inhibitor of MAO-A.

It has a short half-life (two hours) so its effects wear off quickly. But, like the older MAOIs, the effects of moclobemide are mediated by enhancing serotonin and noradrenaline activity.

• **SSRIs** These agents are highly selective inhibitors of serotonin reuptake (Table 3). For example, fluoxetine is 100-200 times more selective for serotonin uptake than noradrenaline or dopamine uptake, and its affinities for acetylcholine and histamine H₁ receptors are 150 and 475 times lower than those of amitriptyline.

This selectivity appears to confer no advantage in respect of antidepressant activity, but it does determine the pattern of adverse reactions.

Treating depression

Only 10 per cent of people diagnosed as depressed by the GP are referred to specialists and only 0.1 per cent are admitted to hospital. Most depression is therefore treated in general practice — in fact, it may be more cost-effective than specialist care.

However, it is estimated that over two-thirds of patients do not comply with treatment in the first four weeks. Non-compliance is often assumed to be due to adverse effects but other factors such as lack of

motivation or misdiagnosis probably contribute.

According to a recent consensus statement², GPs should prescribe antidepressants as part of a therapeutic approach which includes psychological and social interventions.

Pros and cons

• **Tricyclic antidepressants** The tricyclics have been around since the 1950s. Their therapeutic and adverse effects are familiar, and most are cheap.

Clinical trials show that a dose of 125-150mg/day of amitriptyline is effective, and that doses lower than 75mg/day are ineffective. Clomipramine, which has significant serotonergic activity, is particularly useful in the treatment of phobic and obsessional states.

GPs tend to prescribe lower doses of tricyclic antidepressants than those used in clinical trials and by hospital specialists to minimise the risk of adverse effects. But this under-dosing probably contributes to the failure rate of treatment.

The tricyclics tend to have long half-lives and most have active metabolites (Table 4). A single night-time dose is therefore preferred for the more sedative drugs, but adverse effects may be troublesome if the entire day's dose is taken at once in other cases.

Treatment must be initiated at a low dose and increased over one or two weeks to minimise the impact of adverse effects. These are initially common and unpleasant. They include sedation (Table 5), hypotension and anticholinergic effects such as dry mouth, constipation, blurred vision and urinary retention; sweating is also common. Tolerance to these effects does develop, but weight gain is a chronic problem for many people.

Clearance of the tricyclics is reduced in the elderly, who are also more sensitive to their adverse effects, and dose reduction is essential.

A major drawback of tricyclic antidepressants is their toxicity in overdose. Estimates of the mortality from suicide range from 12 to 60 per cent. The tricyclics are associated with around 300 deaths annually from overdose, and a lethal dose is easily achieved with a routine supply of antidepressants — 2.5g may prove fatal in adults.

One exception is lofepramine, which is associated with fewer anticholinergic effects and greater safety in overdose.

Mild tachycardia and conduction abnormalities occur at therapeutic doses, and arrhythmias may occur in people with underlying cardiac abnormalities. In overdose, CNS depression causes coma and cardiotoxicity produces life-threatening arrhythmias.

• **Other heterocyclic agents** With the exception of mianserin, these agents are

Table 2: Crude relative effects of some tricyclics on neurotransmitters

Tricyclic	noradrenaline	serotonin	acetylcholine
imipramine	++	+	++
amitriptyline	++	++	++
clomipramine	+	+++	+
desipramine	+++	+	+
nortriptyline	++	+	++

Table 3: Potency of SSRIs and tricyclic antidepressants in inhibiting serotonin reuptake in rat brain

Dose required for 50 per cent inhibition (mg/kg)

paroxetine	1.9
sertraline	2.9
fluoxetine	7.0
fluvoxamine	7.4
clomipramine	17.0
imipramine	30.0
amitriptyline	30.0

Table 4: Half-lives and active metabolites of tricyclic antidepressants

Antidepressant	Half-life (hours)	Active metabolite
amitriptyline	9-36	nortriptyline
clomipramine	21	desmethylclomipramine
desipramine	22	
dothiepin	14-24	northiaden
doxepin	8-24	desmethyldoxepin
imipramine	9-28	desipramine
lofepramine		desipramine
nortriptyline	31	10-hydroxynortriptyline
protriptyline	55-198	

Table 5: Sedation and antidepressants

Most sedating	Less sedating	Non-sedating
amitriptyline	imipramine	protriptyline
clomipramine	desipramine	
dothiepin	lofepramine	SSRIs
doxepin	nortriptyline	
trimipramine	butriptyline	moclobemide
mianserin	amoxapine	
maprotiline		viloxazine
trazodone		
MAOIs (not RIMAs)		

Table 6: Typical basic cost of some antidepressants at usual doses (£/28 days)

The older tricyclics remain the cheapest antidepressants — amitriptyline is ten to 30 times cheaper than standard doses of newer drugs. This enormous price difference is one of the reasons why the tricyclics are still widely considered to be the antidepressants of choice. Prices are from BNF No 26.

amitriptyline	125-150mg/day	1.04-1.43
lofepramine	140-210mg/day	9.97-14.96
mianserin*	30-90mg/day	4.23-12.69
phenelzine	15mg alt die-45mg/day	0.93-5.59
moclobemide	150-600mg/day	9.80-39.20
fluoxetine	20mg/day	29.91
sertraline	50-100mg/day	26.51-39.77

*excludes cost of blood counts

much less widely used than tricyclics. Anticholinergic effects are less common but only viloxazine is free of marked sedative effects.

These antidepressants are safer in overdose than tricyclics, a point which prevented the Committee on Safety of Medicines withdrawing the product licence for mianserin because of the risk of

haematological toxicity. The manufacturer successfully argued that the risk:benefit ratio should take account of the drug's overall safety, not simply its adverse reaction profile.

Mianserin may cause neutropenia or agranulocytosis, usually in the first weeks of treatment; the elderly are

Continued on p iv

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Tablet - 100mg
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Acute relief of migraine
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headache (injection).
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100mg tablet orally or 6mg
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use further doses may be
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three 100mg tablets
(g) or two 6mg injections
Minimum dosage interval
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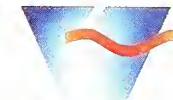
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NHS cost Injection
ent pack: 2 x 6mg pre-filled
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Continued from p ii

particularly sensitive. Monthly blood counts are therefore essential during the first three months.

• **Monoamine oxidase inhibitors**

The risk of hypertensive crisis from interactions with sympathomimetics and tyramine-rich foods has relegated non-selective MAOIs to second-line drugs.

Interactions with other drugs, notably other antidepressants, also have serious consequences. The fact that these risks persist for two weeks after treatment has ended makes the MAOIs more difficult to use in the community than other antidepressants. Instead, a niche role has been developed by psychiatrists treating phobias and obsessive-compulsive disorders.

These problems have diverted attention from the more common adverse effects of MAOIs, which include many of those reported with the tricyclics (hypotension, sweating, constipation) as well as impaired sexual function and CNS stimulation.

Tranylcypromine has the most marked stimulant activity; phenelzine is associated with hepatotoxicity and peripheral neuropathy due to pyridoxine deficiency.

Moclobemide has reawakened interest in inhibiting MAO. The risk of interactions with sympathomimetics is reduced, and normal quantities of tyramine-rich foods are not a problem. Moclobemide is rapidly eliminated and short-acting, so there is no need for a treatment-free period if other antidepressants are substituted.

It appears to be better tolerated than other MAOIs, and it is as effective as other antidepressants. Adverse effects include disturbed sleep, dizziness, nausea and agitation. But it is a new drug and prescribing is likely to be conservative initially.

• **SSRIs**

Fluvoxamine was introduced in 1987. As fluoxetine, paroxetine and sertraline were added, there was expectation that the SSRIs would be better tolerated than the tricyclics.

But although they are free of the troublesome anticholinergic

effects of older antidepressants, they have their own spectrum of toxicity — notably nausea, vomiting, restlessness, anxiety and headache¹. As with the tricyclics, these symptoms improve with time.

A recent meta-analysis of 53 published clinical trials² concluded that SSRIs are no more effective than heterocyclic antidepressants. The authors could not measure tolerability directly, so they used dropout rates as a proxy.

They found that withdrawal from treatment due to adverse effects was significantly, but only slightly, less common with the SSRIs (18.8 per cent against 15.4 per cent). But many of the trials lasted only four to six weeks and their relevance to longer, less well supervised, use in the community is uncertain.

Furthermore, the manufacturers concerned say their data show dropout rates of about 17 per cent with SSRIs but around 25-30 per cent with tricyclics.

The SSRIs do offer some unequivocal advantages over the tricyclics: they are not sedating; they do not cause weight gain (in fact, fluoxetine causes weight loss); and they are not cardiotoxic in overdose. Normally, the dose need not be reduced in the elderly.

This has prompted suggestions that their role is in obese patients; those at higher risk of suicide; and people with cardiovascular disease or who cannot tolerate tricyclics.

But the argument about whether the SSRIs should be prescribed routinely as first-line therapy has not yet been settled. All SSRIs except fluvoxamine have the added advantage of not interacting with alcohol, although they can impair driving skills.

Fluoxetine and its active metabolite have very long half-lives (two to three days and seven to nine days respectively); paroxetine's half-life is one day.

By contrast with some other therapeutic categories, monotherapy of depression is the norm. Some specialists do combine treatment but close supervision is required.

If one antidepressant fails, its replacement is usually chosen from a different class, although an exception might be the substitution of a better-tolerated agent like



Iofepramine for an older tricyclic.

A treatment-free interval is often necessary to avoid enhancing the effects of noradrenaline and serotonin (Table 7). The combination of antidepressants with significant effects on serotonin (MAOIs, lithium, SSRIs) may precipitate the serotonin syndrome (hyperthermia, tremor, convulsions). Among the

tricyclics, imipramine and clomipramine have the most marked effects on serotonin.

If antidepressant treatment is to end, the dose should be reduced gradually over one month to minimise withdrawal symptoms; these include nausea, anorexia, headache, insomnia, panic attacks and restlessness.

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Table 7 Treatment-free periods when changing antidepressants

change to:				
change from:	tricyclic	MAOI	moclobemide	SSRI
tricyclic	-	1 week	1 week	none recommended
MAOI	2 weeks 3 weeks for clomipramine and imipramine	1 week after first MAOI	1 week	2 weeks
moclobemide	none	none	-	none
SSRI	none recommended	1 week for sertraline and fluvoxamine 2 weeks for paroxetine 5 weeks for fluoxetine	-	-

Wound repairs

To advise on appropriate wound management and dressings, it is essential to understand the physiology of wound healing. In the first of a series of articles on wound management, Duncan McRobbie, clinical pharmacy manager at St Thomas' Hospital in London, describes the healing process



Everybody suffers some sort of injury during their life. Minor cuts and abrasions are common during childhood, and seldom leave permanent scars. But traumatic injury and surgery often leave scars which may be unsightly.

The ability of the epidermis to heal by a process of regeneration allows superficial wounds to heal spontaneously with good cosmetic and functional outcome.

Wounds involving the underlying structures of the skin heal by a process of repair. The scar resulting from this process may be cosmetically unacceptable and functionally compromised.

A wound may be defined as a defect or break in the skin that results from physical, mechanical or thermal damage or that develops as a result of an underlying medical or physiological disorder¹.

Wounds have traditionally been classified into acute and chronic. The chronic wound can be defined as an acute wound in which the healing process has been interrupted or stopped somewhere in the normal sequence of healing events². It is generally accepted that the biological process in healing of both types of wound is similar.

Types of healing

• Primary healing

Primary healing, or healing by first intention, occurs when the wound edges are accurately opposed and healing occurs without complication. Very often the wound edges are sutured together to ensure anatomical correctness.

Primary healing has the advantage of giving good function, and minor amounts of scar tissue result in good cosmetic outcome. The development of modern suturing material which is thinner, hypoallergenic and absorbable has represented a significant development in this field.

• Open granulation

Open granulation, or healing by secondary intention, occurs in wounds that involve tissue loss and when the wound edges cannot be accurately closed. Granulation tissue will fill the defect, providing the wound is kept moist and free from infection.

The resulting scar tissue is usually less functional and often less cosmetically acceptable. These wounds take longer to heal than wounds treated by primary closure.

• Delayed primary closure

If the wound is left open for several days but closed before visible granulation tissue occurs, this is termed delayed primary closure. This may be the preferred method of closure if there is a risk of infection or if the area damaged has a poor blood supply³.

• Grafting or flap formation

Large areas of skin loss may be suitable for skin grafting. Skin is removed from one area of the body and transferred to the

Continued from p v

injured area. As part of the dermal layer is left, this area will heal by secondary intention.

To cover larger areas, the skin may be meshed. This will produce a fish-net effect which will usually heal within two weeks. Special knives called dermatomes allow surgeons to excise to a specified depth.

Should the tissue loss involve more than just the elements of the skin, flaps may be used to repair this defect. A flap consists of skin, muscle and the associated blood vessels that are part of the donor area.

Advances in microvascular surgery allow for the "plumbing in" of these blood vessels to be highly successful. The surgical defect is chosen to cause minimum compromise and is usually directly closed.

Physiology

During the past 20 years, there have been major advances in the understanding of the physiology of wound healing. Healing can be achieved by regeneration or repair. The

replacement of damaged cells by connective tissue cells rather than replacement with like cells. This process results in scar formation.

• Permanent

Permanent tissues have virtually no power of regeneration or repair, for example neurones of the adult nervous system. Damage to these cells is permanent and irreversible.

Healing process

The process of wound healing can be divided into three main phases ⁶: inflammation, proliferation and maturation. These phases are not distinct and overlap to a great extent (see graph on p viii).

• Inflammation

Initially, the body responds to injury by mounting an inflammatory response. Damage to tissues and blood vessels results in blood coming into contact with collagen, which activates the clotting cascade.

At a vascular level, the initial vasoconstriction is followed by vasodilation and an increase in blood vessel permeability. This causes the oedema which is

decrease from around day three if there is no contamination.

Mast cells play an important role in the inflammatory process and are found in the wound from day one. They are responsible for releasing the mediators of inflammation, but their precise role in the healing process is not understood.

• Proliferation

By day three or four, the monocytes which have been found in the wound since day one have transformed into macrophages. These cells remove cellular debris and are important in regulating the wound healing process. They do this by releasing angiogenic factors which encourage the growth of new blood vessels and the repair of damaged ones.

The other important role of macrophages is in the regulation of fibroblasts. These produce collagen and matrix glycosaminoglycans which are the main constituents of connective tissue. They are normal residents in the tissues, and are responsible for a care and maintenance role.

Under the influence of

wound edges or from hair follicles, sebaceous or sweat glands.

The route of migration depends on physical factors such as the degree of hydration of the tissue, the oxygen tension in and around the tissue and the presence of bacterial toxins. The moister the surface of the wound, the easier this migration can occur.

When the cells meet each other, they stop moving due to a process called contact inhibition. They continue to divide and thus restore the thickness of the epidermis.

• Maturation

Once epithelial cover has been achieved, the process of healing does not stop. The process of maturation can take from months to years. There is a slow and gradual realignment of the random collagen cells along the direction of maximum stress.

Bundles of type III collagen are removed and resynthesised into shorter type I collagen fibres. The effect of this is to pull the edges of the original wound closer together.

This secondary wound contraction is slow but very powerful. Following wounds with extensive tissue loss, this may cause distortion, disfigurement and functional disability.

In some cases, the scar tissue continues to proliferate, resulting in an excessive repair type known as keloid or hypertrophic scars.

Hypertrophic scars do not extend beyond the limits of the original wound. They usually do not increase in size after two or three months and often decrease in size.

Keloids often extend beyond the original wound and continue to grow for years, resulting in a poor cosmetic outcome. The causes of this extensive scarring is unknown, but it has been suggested that tension across the scar or infection results in the continued deposition of collagen. Treatment is unsuccessful, especially as surgical correction of keloids often results in worse scarring.

Topical steroids and silicon bandages have limited success. Pressure garments which apply continual pressure are the most successful.

Initially a lack of oxygen in the wound space seems to start the healing process. This low oxygen tension is due to the disruption of the microcirculation and increased metabolic demand in the wound.

New capillaries are formed (neo-angiogenesis) in response to tissue hypoxia. As a result of the increased blood flow, the increased oxygen tension in the tissues is one of the factors responsible for stimulating the fibroblasts to synthesise collagen.

Oxygen is essential for the process of collagen formation to take place ⁹. Finally, re-epithelialisation will only occur under conditions of relatively high oxygen tension.



Sacral pressure sore, a common chronic wound

body is constantly removing ageing or damaged cells and replacing them with new cells.

Tissues can be divided roughly into three types ¹⁰.

• Labile

The epidermis of the skin and the mucosa of the gut are examples of labile tissues. These areas are constantly exposed to destruction and, provided the injury does not extend beyond the epithelial layer, healing is by a process of regeneration and produces no significant scar tissue.

• Stable

These have low cell turnover and heal by repair rather than regeneration. Repair involves

associated with tissue damage.

A host of chemical mediators are involved in this process, including:

- histamine
- kinins
- derotonoin
- growth factors
- prostaglandins
- other proteins ¹.

In response to chemotactic factors, leucocytes (white blood cells) are the first cells to appear in the wound. Their prime function is to protect the injured area against foreign bodies and infection. They are the most common cell in the wound for the first one or two days, but their numbers

macrophages and growth factors, they become activated.

Initially they produce a collagen network around the newly formed blood vessels. In addition they fill the space in between cells with proteoglycans. This process results in the formation of the familiar granulation tissue which fills the wound cavity.

Once the granulation tissue has filled the wound cavity, epithelialisation begins. This process is under the control of numerous factors, for example epidermal growth factor ². Epithelial cells loosen from the dermal attachments, divide by mitosis and migrate from the

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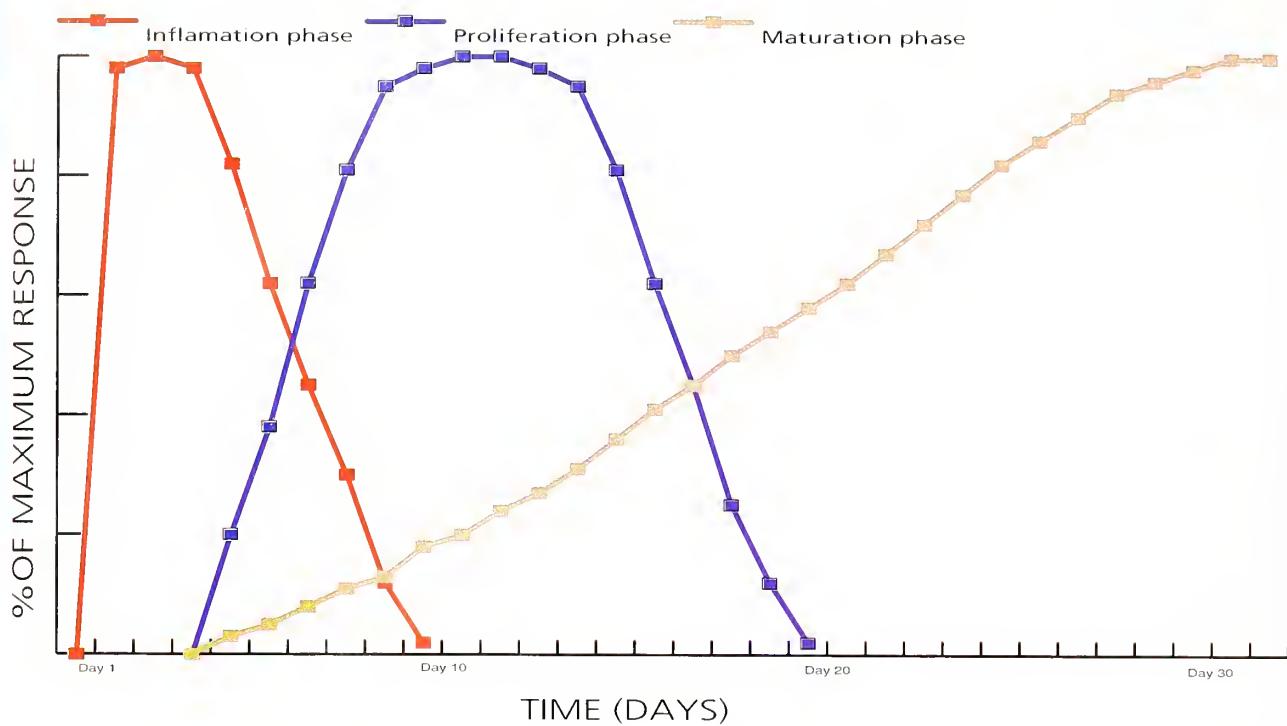


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Continued from p vi

Other factors

• Age

As patients age, response rates for inflammation, cell migration, proliferation and maturation are all slowed. There is also a decrease in the inflammatory response¹.

Decreased collagen metabolism and a reduction in the amount of cross-linking will result in lower tensile strength of the wound.

• Nutrition

The increase in metabolic demand is well recognised in patients who have suffered a burn injury. Malnutrition has been shown to slow recovery from medical and surgical procedures, including the healing process⁵.

Proteins are essential in the provision of amino acids necessary for restructuring of biological materials such as muscles. Hypoproteinaemia has been shown to decrease fibroblastic proliferation, collagen synthesis and neo-angiogenesis⁸.

Fat is an essential constituent of cell membranes and is necessary for the synthesis of new cells. Carbohydrates are the chief source of energy for the cells. Minerals and trace elements contribute to the building blocks of cells as well as being crucial in the enzyme systems. The role of zinc is the most investigated and is still controversial. It appears that correcting zinc deficiency can improve healing⁵. Vitamins have highly specific functions in cellular metabolism.

• Infection

It will often be possible to isolate bacteria from wound surfaces. The consequences of this bacterial contamination will depend on the number and type of the bacteria and the ability of the patients' defence

systems to deal with these bacteria¹¹.

Topical antiseptics may be toxic to granulation tissue, and the risks of application must be weighed against the pathogenicity of the bacteria.

Topical antibiotics carry the risks of allergy, and may result in the emergence of resistant strains of bacteria so should be avoided.

During the past two decades,

a vast amount of research has gone into investigating the processes involved in wound healing. While the healing cascade is better understood, there are still areas of uncertainty.

The value of the incorporation of growth factors is currently being investigated. Should they be shown to increase the rate of healing, or be of benefit in healing difficult

wounds, this will represent a major medical advance.

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Flaps raised from the lateral dorsalis muscle are often closed primarily

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Success in any business...whether it's a corner shop, or a factory making aircraft wings...is as much due to attitude as it is to service, or product quality.

Take the world of pharmacy. Recent years have seen a whole variety of changes – not only in the way pharmacists see themselves, but also in the way they're viewed by their customers.

Today's pharmacist has to be as skilful at balancing the books as dispensing prescription medicines. The result is that the profession is now more complex and more diverse than ever before.

To succeed in this framework requires not only the ability to be good businessmen and women. It also requires the vital support in a whole variety of areas...of the wholesaler.

One wholesaler in particular, it seems, is proving their worth not only in the quality of

goods they supply...but also in the high level of service and care they provide to the pharmacy profession.

The wholesaler is AAH Pharmaceuticals. A company with an enviable reputation for providing the very highest levels of quality, value, care and reliability. A company who have spent years building up the sort of experience and expertise that seems to place them streets ahead of their competitors.

AAH Pharmaceuticals combine LINK, a unique, sophisticated computerised ordering system...an unequalled level of support for independent pharmacists through the Vantage System...and an unrivalled level of accessibility...to produce a service to customers that goes way beyond anything you would expect of a wholesaler.

Because of this, their customers are more like enthusiastic fans, rather than simply end-

users of a service. Their high regard doesn't, however, stop them from being critical if the need arises. In fact it's through this close, open, honest relationship, that AAH Pharmaceuticals are able to improve their service and help their customers even more.

In the words of Managing Director David Taylor, “Our job is very simple. To give pharmacists as much help as possible, to enable them to offer a high level of service to their customers, with excellent quality, value for money products. Of course it sounds easy when you say it like that – and if it were really easy everyone would be doing it. Over the years, we've worked hard to put the attitude and systems into place to help our customers succeed with their businesses. Whether it's a friendly voice at the other end of the phone, a complete delivery arriving on time...or the vast array of commercial support programmes”.

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Ron Dawson is, in his own words, a fan. He doesn't seem to be the kind of person to say this lightly.

He is speaking in his pharmacy in Levenshulme, Manchester.

And he's speaking on a subject he knows well – the pharmacist and his – or her – role in the community today...and how that role has changed over the years.

Q HOW LONG HAVE YOU BEEN WITH AAH PHARMACEUTICALS?

A I've been using the Vantage programme – or whatever developments it stemmed from – ever since it really started around 15 to 20 years ago. I've been with Vestric and its many other names since the late 60s, right through until now, AAH Pharmaceuticals.

Q DID THEY HELP YOU TO SET UP?

A No, I bought an existing business. Had I needed the help, however, they would have been more than willing. AAH Pharmaceuticals has a long history of helping pharmacists to set up their businesses. They're also very forthcoming with sound help and advice – and they've always been very helpful over the years with finance.

Q IF ANY ONE THING HAS HELPED YOU TO OFFER A BETTER SERVICE TO YOUR CUSTOMERS AND PATIENTS, WHAT WOULD IT BE?

A What a question. Well... for a start I don't think there is any one thing. It's the accumulation of a whole series of things which all come together. If there was one which headed the list, however, I think it would have to be **LINK**. There are various systems like it on the market – however none are as polite or user-friendly as **LINK**. I think that – apart from what **LINK** does – this is where AAH Pharmaceuticals have the edge over everyone else.

Q HOW HAS LINK HELPED YOU?

A It's surprising how helpful it is...in learning and bringing knowledge up to date.

As a database it's great. Sometimes we go through prescriptions at such a fantastic rate that you don't really have time to stop and ask questions. With **LINK** you don't have to. Whatever you need to know, it tells you – and more. If I want to know the price of something I can bring it on screen straight away and order there and then. When it's time to order, the phone rings...and the lady on the other end says "Hello, it's AAH Pharmaceuticals".

I'll just bring up a programme on the screen for transmitting the order then say "okay... fine...cheerio" and press the "Yes" button. The order just goes through automatically. However many lines you want to order...30...40...100 or whatever. I can leave it to get on with things while I go and help customers and patients.

Q YOU SPEAK OF CUSTOMERS AND PATIENTS. HOW MUCH OF YOUR BUSINESS IS NHS AND HOW MUCH OTC?

A Around 80% is NHS prescription sales, which is about average for an independent smallish pharmacy. It depends on the location really. Some right next to health centres tend to have an even higher percentage. Others work very hard to develop their over-the-counter trade and end up offering a whole variety of not only traditional chemist items but also a growing range of non-pharmacy related goods.

Q WITH THE INCREASE IN THE COMPLEXITY AND AMOUNT OF DRUGS ON THE MARKET THESE DAYS, HOW DO YOU HAVE THE TIME TO KEEP UP TO DATE?

A Thankfully, the **LINK** software is part of the most comprehensive computer system I can get that's developed solely with pharmacy in mind. So not only does it let me order quickly and give me instant access to a vast drug database. I can also keep my medication records all within easy reach. What's more...it keeps coming up with lots of helpful tips... maybe I have to watch out because such and such a patient is diabetic...so I have to be extra careful. AAH are very big on safety and quality of service. That's why I find **LINK**'s interaction programme isn't just helpful – it's absolutely vital. Drugs are becoming more and more complicated...and there are more and more of them...and nobody's memory is big enough to remember all the interactions – and all the amendments. **LINK** does it all for me. **Another thing**...suppose you're ordering and you'd also like to clear up a problem. The

AAH girl will take your order. Then, while it's being processed, she'll sort your problem out and ring you back with the answer.

Q WHAT ABOUT DELIVERY?

A No problem. Because of the system, deliveries are quick and regular. And with AAH Pharmaceutical's unique 'Branch Switching' system, if the warehouse nearest me doesn't have the stock, my order is automatically switched to one that does. All in all, it's fantastic.

Q HOW DO YOU FEEL HAVING VANTAGE SUPPORT BEHIND YOU?

A Oh it's terrific. It doesn't matter whether you want to stay small or expand, having all that Vantage back-up to support you is great. Of course I pay for it, but I do feel as though I'm getting lots for my money. I'm getting national advertising, for instance, which is directing people into the pharmacy. Then there's the fascia. I've had it up for three and a half years now and although people still know me, the pharmacy is referred to as the Vantage Pharmacy in Levenshulme!

Then there are posters. We get them automatically every month, tied in with that particular month's offers. I like the fact that the Vantage service isn't pushy. They let you make the decisions. For instance, you don't have to tie in with the 'official' price. You can either go up or down. You know it's being advertised nationally so the demand will be there – it's really up to you. They're also doing the Vantage CM2 Merchandising System. They look at turnover

nationally of certain products and worked out how many feet of product you would need on your shelves, having measured the dimensions of every pack available. Then they produce a plan based on the number of linear feet you have available on your shelves...and give you the best shelf layout option to get the maximum out of your sales.

Merchandising is so important. There are times when you would simply miss out because you didn't have enough lines of a product...or another particular product in prominent view...when they

were being advertised. All in all...I think Vantage is fantastic. And what's more important... so do my customers!

Q WHAT ABOUT THE FUTURE?

A With more and more traditional 'chemist' or 'pharmacy' items being available from 'non-chemist' outlets, it's more important than ever that small independent pharmacists have the support of a wholesaler who really cares about giving them quality support. With me...that support comes from AAH Pharmaceuticals. I wouldn't feel comfortable without it.

AAH PHARMACEUTICALS TOTAL SUPPORT MAKES THE DIFFERENCE

AAH Pharmaceuticals has spent years building up a unique understanding of not just some but all the needs of the modern pharmacist. Everything they do is geared towards helping to offer a caring, friendly, better quality service to all their customers. They do this on TWO levels. Level 1 comprises the day-in, day-out, reliable wholesale supply of a vast range of quality ethical and OTC products...combined with a helpful, caring attitude. Level 2 involves a special range of support services that, added to the company's everyday care, form the most comprehensive wholesale support available to pharmacists today.

If you would like to know more about AAH Pharmaceuticals and about how we can help you give your customers and patients a better quality, better value service... just give us a call on 0928 717070 and ask for Chris Hadley.



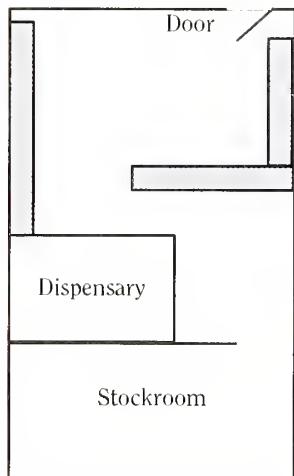
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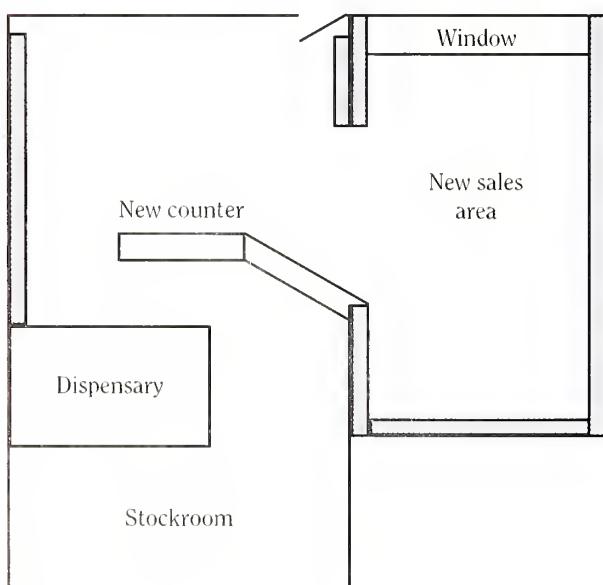
Moving to a village pharmacy after working in a high volume dispensary can be a culture shock. Business consultant John Kerry gives some pointers to someone who has made a successful transition

Road



The shape of the shop when purchased in September 1992

Door



The adjoining shop was acquired and a wall removed in November 1992. But customers would not use the new sales area

Many pharmacists working on a prescription production line in a busy dispensary imagine what life running a village community pharmacy is like.

As the printer shoots out labels like machine-gun bullets, there is precious little time to wonder what life would be like in a shop where every prescription is treated as a minor event.

Mr D has served his time in script factories, and has opted out to develop a pharmacy several miles from the small market town, which is the focal point of this part of a Northern shire. The unspoilt centre of this village of 2,500 inhabitants is in a time warp — and all the better for it. The church, two pubs and a dozen shops looks as though they have been there unchanged for 200 years, and probably have.

Mr D's pharmacy is small, 350sq ft, with a low, oak-beamed ceiling and a warm welcome. The two windows were not so much "dressed" as stage managed, and would have done credit to a Christmas card.

But neither Mr D nor his pharmacy have been here for long. This is a new business, established two-and-a-half years ago and bought 18 months later by Mr D when the venture was faltering under management.

At that time, 900 items per month were being dispensed and the till was averaging £500

Independent sole trader
Village centre position: double fronted, more than 100 years old
No local retail opposition
Two dispensing doctor practices
Staff: one full-time assistant

Profit & loss account year ended August 31, 1993

	£
Sales	172,000
Opening stock	14,300
Purchases	123,500
Closing stock	18,700
Gross profit	52,900
	(31 per cent)
Staff wages and NI	7,300
Rent and rates	5,700
Motor expenses	1,200
Light and heat	1,000
Telephone	350
Advertising/stationery	1,450
Consumables	950
Repairs and renewals	1,000
Subscription	400
Locums	750
Accountancy/legal charges	1,650
Computer lease	1,350
Insurance	350
Bank charges	50
Bad debts	100
General expenses	250
Depreciation	23,850
	2,900
Net profit	26,750
+ other income	26,150
	1,200
	27,350
	16 per cent

per month. In just 13 months, script items are up one-third to 1,200 per month and counter turnover has doubled.

An Essential Small Pharmacy Allowance supplements the gross turnover, providing a healthy 31 per cent gross profit. Overheads amount to 15.7 per cent, leaving Mr D with a net profit of similar size. Pretty good for a young business in a small village, and certainly a vast improvement on the previous year.

Most pharmacists would have given this location a wide berth three-and-a-half years ago, with soaring bank borrowing rates and the recession at its height. A population of 2,500 is insufficient to provide even a modest turnover, particularly when all the dispensing was at the time done by the two local dispensing branch surgeries, four GPs in all.

The first owners did all the spade work and got the business off the ground — but only just. As it stood at the time of Mr D's intervention, the

pharmacy looked doomed. But he saw the potential and has built well on its shaky start.

The table overleaf considers the strengths and opportunities of this modest pharmacy and also its weaknesses and threats.

Mr D has done well in a year, capitalising on local free publicity and support for small pharmacies by doing his own effective marketing, principally door-to-door distribution of practice leaflets.

He is confident that the growth during the past 12 months will not continue at the same rate. He is right — but if he carries on giving a good service, more and more locals will find him. But how long will it be before the current growth slows to a crawl? It might just happen in 1994.

Mr D of course wants to keep the early momentum going. He knows that he has 7,500 potential customers/patients and has not reached a third of them yet. Despite established

Continued on p136

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Continued from p134

prescription delivery services from established town chemists, they haven't got it all. But nursing homes are really a forlorn hope, as they have been "stitcheted up" by the town's multiple pharmacy.

He has a running battle with the local dispensing doctors over prescriptions which should come to his pharmacy, but he is confident of winning what is rightfully his, although he knows it will take time.

Long-term, assuming that Mr D markets this pharmacy

properly and becomes known as "the local chemist", giving good service in this rural area of 7,500 inhabitants, it will be a very different position.

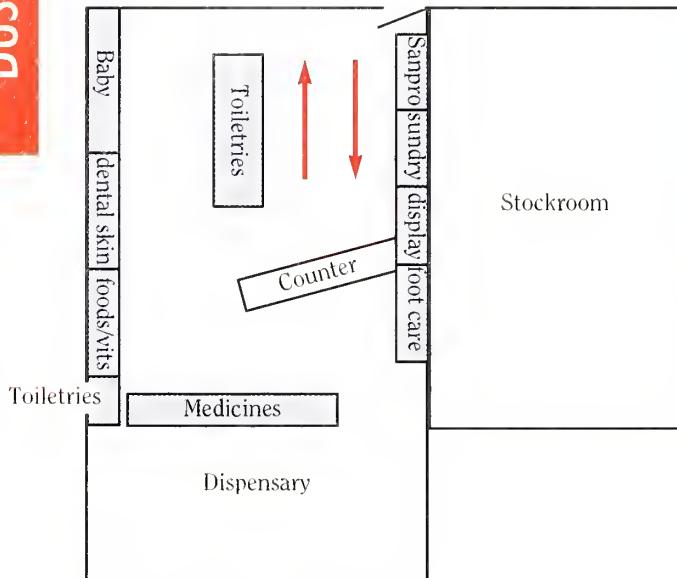
Prescriptions will never be awe-inspiring. In three or four years, the numbers could reach 2,000 to 2,200. They are unlikely to advance much further because some two-thirds of the area's population is served rightly by dispensing doctors.

The larger growth potential is probably in counter products. A small village pharmacy cannot challenge either the town's

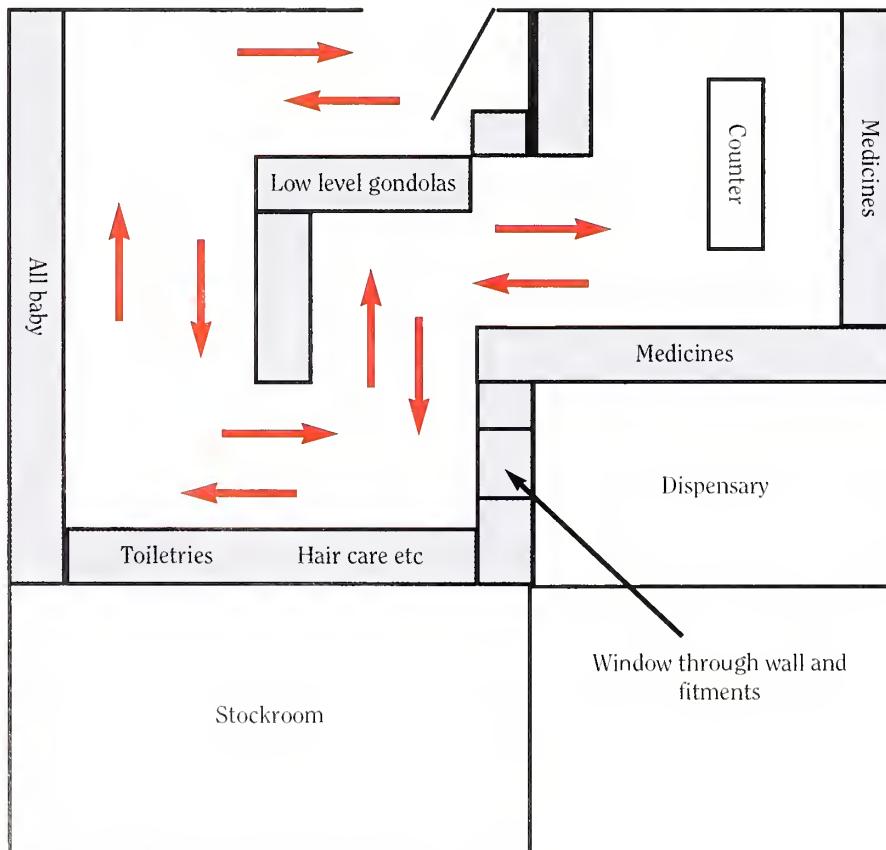
multiple pharmacies or the supermarkets on price or choice. What it can capitalise on is its position, service and parking.

Mr D can look forward to supplying his population with the larger proportion of their counter needs and all of the convenient toiletries and baby product requirements they failed to buy on their once a week shopping expedition. If he achieves this goal, his over-the-counter sales could quadruple.

The resultant business split might easily be the 50:50 ratio



In February 1993 there was a major re-shuffle



The suggested layout would give more selling space, improve the flow and maintain supervision of medicine sales

Local population 2,500 within a mile
Village centre, easy parking
Unopposed for four miles
Good staff
Low dispensing — more time for patients
Main through road



Similar size village with no pharmacy is two miles away

Wider catchment area takes in another 2,500 people
New local housing developments
Prescription delivery
Deliveries to nursing homes and sheltered housing

Small shop
Relatively unknown
Low dispensing

Strong dispensing doctors, also unco-operative
Other town pharmacies with established prescription delivery service
Late night pharmacy in town

multiple pharmacies or the supermarkets on price or choice. What it can capitalise on is its position, service and parking.

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The resultant business split might easily be the 50:50 ratio

that many strive for. But presumably by this time he will no longer qualify for the ESPS allowance. A more serious problem comes with OTC growth — space.

This is a small, neat, well looked after shop, taking about £700 per week. There is no reason why the takings should not exceed £2,000, but there is too little room to cope with the variety and volume of stock needed to support this turnover. So a better use of space is needed.

Recommendations

1. To increase customer flow and awareness:

- extensive practice leaflet distribution to all houses in wide catchment area; propose two drops in the next 12 months (to cover 7,500 population)
- practice leaflets to all town GP practices, village branch surgeries, other medical establishments, clinics, nursing homes, residential homes
- modest local newspaper advertising.

2. To increase prescription numbers:

- enlarge repeat prescription collection/delivery service
- delivery service to pensioners' homes and the housebound.

3. Other:

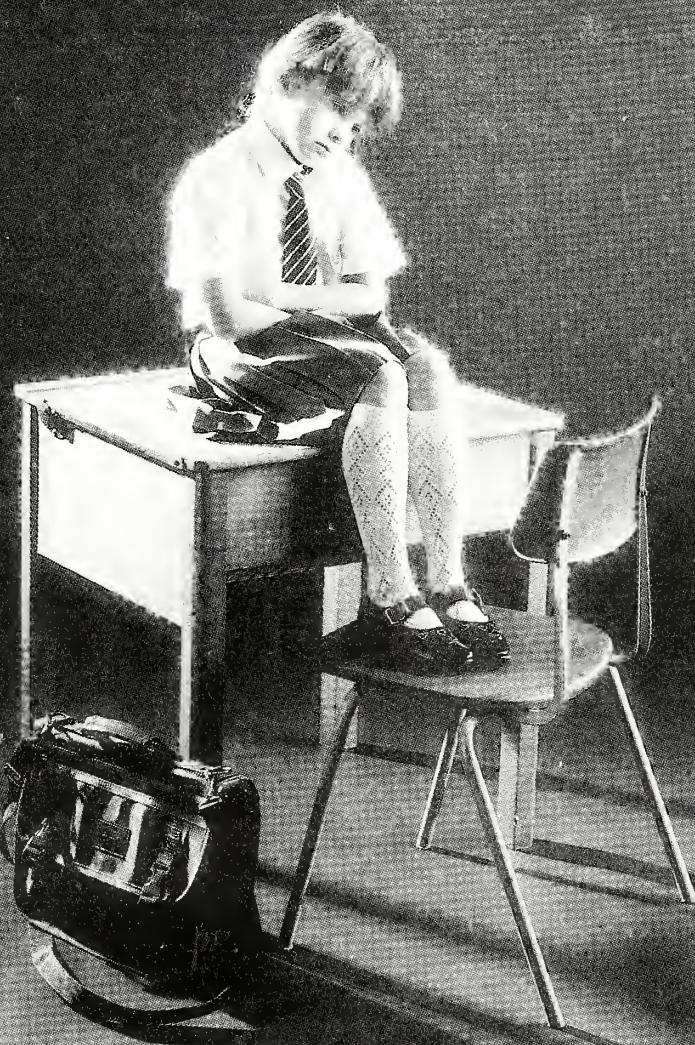
- delivery service of OTC lines to the housebound and pensioners; using leaflets to introduce the service, it will spread by word of mouth.

4. Shop:

- new layout to be considered to provide separate medicines area and more selling space
- enlarge choice of OTC lines and expand baby and OTC medicines sections; 55 per cent of all counter sales are generated from these two sections.

Mr D has a nice business which could develop into a real winner if marketed correctly. In three or four years, scripts should easily top 2,000 per month and counter sales £10,000 plus per month. It will never be a script factory, but this is real community pharmacy — the envy of many.

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Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge, CB4 4GW

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Mawdsley-Brooks join the Numark fold

Numark have started the new year by accepting wholesalers Mawdsley-Brooks into the voluntary trading organisation. The independent wholesaler was unanimously voted in at Numark's EGM on January 13.

"We are delighted with the outcome," says MB sales and marketing director Alan Backhouse.

The company originally applied for Numark membership in December last year (C&D December 18/25, p1104) but do not officially come on board until February 1.

The first month will be spent familiarising themselves with Numark services. This is in addition to running retailer events to introduce special offers and Numark own-brand products to the customer base.

They will not operate as full-line Numark wholesalers until March 1, says Mr Backhouse.

"We look forward to quite an influx of Numark members from

the Mawdsley-Brooks customer base," says Numark managing director Terry Norris. "We hope 100-150 pharmacies will come on board."

Any new retail members would join for a six-month trial period.

MB operate from depots in Salford and West Bromwich, allowing them to cover a catchment area from Merseyside to Leicester and up to Lancashire.

One result of the move is to bring Numark more firmly into the Birmingham and West Midlands region. Mr Norris agrees

that there may be an overlap with another of their members, Daniels Pharmaceutical which is based in Derby. But he does not see this as a problem.

• Numark were due to hold a board meeting on January 21, when one of the items on the agenda was the status of Bradford Chemists' Alliance now that they had been bought by Unichem.

Mr Norris confirmed that there would be an EGM some time in the coming month to vote on whether BCA's membership would continue.

Moss buy A&H Dunn

Unichem's retail division, Moss Chemists, have bought A&H Dunn, a Glasgow-based pharmacy in a cash and paper deal worth £767,000.

A&H Dunn's profits in the last financial year were £68,000, with net assets standing at £139,000.

As well as this community pharmacy, A&H Dunn also owns a majority share of Parkhead Health Centre pharmacy. This

outlet currently does not use Unichem as a wholesaler, according to Moss managing director Barry Andrews.

This latest acquisition brings the number of Moss outlets to 60 in Scotland, making a total of 268 throughout the country.

• Moss hope to announce a round of new franchise deals in the coming weeks, says Mr Andrews.

Yorkshire buying group on track

The four founders of the Yorkshire Pharmaceutical Alliance have had an "excellent response" to their call for members.

Their idea to set up a buying group independent from Unichem, Lloyds and AAH came as a direct result of the sale of Bradford Chemists' Alliance (C&D January 15, p100).

They hope to pick up ex-BCA customers who no longer wish to deal with the new owners, Unichem, as well as looking further afield.

Other target members are ex-Northern Pharmaceutical, Henry Sykes and Bleasdale customers. This would also take in pharmacies around the York and Huddersfield area.

Their target area might be extended as far as the east coast, but this has not yet been decided.

Rather than release their plans via the Press, the founders plan to inform local community pharmacists by letter of their plans first.

"We have several alternative wholesaling strategies which will benefit independent pharmacists," says Philip Marks, one of the founders.

Flexibility is the key

The benefits that pharmacy can gain from job-sharing and flexible working hours have been highlighted in the House of Lords.

Lord Rochester, the Liberal Democrat peer, quoted views expressed by senior executives of Boots the Chemists.

He said the staff relations manager had stated: "When the organisation can bend to accommodate the individual, they will give that much more to the organisation. It is not simply the organisation doing what the individual wants. There are mutual benefits."

Lord Rochester said the company's personnel director had commented: "We believe that job-sharing is essential if you genuinely want to keep women in managerial and supervisory level jobs."

Lord Henley, junior employment minister, underlined the advantages to be gained from matching, if possible, individual wishes and institutional needs.



CP Pharmaceuticals chief executive Charles Savage (right) thanked Secretary of State for Wales John Redwood last week for Welsh Office grants which enabled North West Pharmaceuticals, a holding company formed by Mr Savage and his management team, to buy CP Pharmaceuticals

BCA deal cleared

Unichem's acquisition of Bradford Chemist's Alliance has been cleared by the Department of Trade, following fears that the merger could have been referred to the Monopolies and Mergers Commission. A DTI spokesman says: "The merger is not detrimental to users."

Quality award

Owen Mumford, the Oxford-based manufacturers of blood capillary, drug delivery and andrology products, have been awarded ISO9001 certification. The award was given after the

company demonstrated the effectiveness of their management systems.

Zeneca in China

Zeneca have launched Diprivan, their intravenous anaesthetic, into China. The only major country without the product is now Japan. Worldwide annual sales of Diprivan reached £10 million by the middle of last year.

Cosmetic scientists

The Society of Cosmetic Scientists has moved to G.T. House, 24/26 Rothesay Road, Luton, Bedfordshire LU1 1QX. Tel: 0582 26661.

ABPI targets red tape to cut NHS costs

Bureaucratic waste is more of a problem for the NHS than the drugs bill, pharmaceutical industry executives told the House of Commons Select Committee on Health last Thursday.

Nursing costs (currently three times the medicines bill) and the medicines bill itself have been held to real growth of just over 20 per cent since 1985, while administration costs are up by more than 80 per cent over six years plus inflation.

Government ministers have admitted on a number of occasions that 10 per cent of all NHS expenditure could be regarded as wasteful. Prescribed medicines account for just under 10 per cent of NHS costs.

It follows that the waste in non-drug expenditure matches the total cost of NHS medicines, the Association of the British Pharmaceutical Industry argued in its submission to the Committee, which is looking at "Priority setting in the NHS: the drugs budget".

UK doctors are very economical prescribers, both in terms of total number of scripts and total spend, maintained ABPI director Dr John Griffin. The UK was next to bottom when compared with seven other European countries in terms of prescribed items per head.

Under-prescribing can lead to increased hospitalisation, says Dr Griffin, and there may be cases when the most expensive medicine is also the most cost-effective: "The objective of the ABPI is to encourage doctors to prescribe more cost-effectively. Medicine costs may not be the problem."

David Gibbons, chairman of the ABPI's Pharmaceutical Price Regulation Scheme policy committee and managing director of Abbott Laboratories, fought off suggestions that there should be greater transparency in drug pricing.

A "significant amount" of commercial information would have to be made available, he argued. Price inflation was averaging about 1 per cent at present and a lot of companies never reach the target profit level of between 17-21 per cent allowed under the PPRS.

"In an ideal world we would like to operate in a free market, but accept that in the present climate some degree of regulation is required," he says.

Under the revised PPRS, the new average allowable profit for the industry is lower than the average return of equivalent FTSE 500 companies.

"Bearing in mind that the pharmaceutical industry is one of the UK's high tech industries, this may not be considered an adequate return," says Mr Gibbons.

The extension to the Selected List, now halfway through, is regarded by the ABPI as the most crucial issue it currently faces. The industry maintains that the most damaging threat is that NHS patients will be denied many, if not all, of the future advances in treatment in the ten categories being added to the List.

Although there are about 200 new products being researched in the new Selected List categories, there must be a question mark about how many of these will be made available to NHS patients, says the ABPI.

Dr Trevor Jones, a member of ABPI's scientific committee and R&D director at the Wellcome Foundation, told the Committee that he would not be interested in pursuing developments in areas which were blacklisted.

Sanofi perfumes Save the day

A strong performance by Elf Sanofi's perfumes and beauty products helped boost sales 10.2 per cent last year. Turnover now stands at FFr23.6 billion, with the largest growth coming from this recently expanded sector.

Early last year, Elf Sanofi bought Yves Saint Laurent's perfumes, whose sales help catapult the sector's turnover to FFr3.9bn. As well as the YSL lines, Van Cleef & Arpels and Oscar de la Renta also did well.

Pharmaceutical sales moved up 3.4 per cent to almost FFr12.6bn. But volumes dropped in Germany and Italy, due to healthcare reforms.

Final earnings will be available in March.

Chiroscience prospectus

Chiroscience, the pharmaceutical company which specialises in chiral compounds, have published their pathfinder prospectus to prepare for flotation on the London Stock Exchange.

The company plans to raise some £35 million in the offer, with about 55 per cent of the shares to be placed with institutional and other investors. The rest will be offered to the public, including a proportion set aside for employees. More details will be available on January 27.

The Cambridge-based company is currently funded by venture capital and institutional investors but is on the verge of an expansion programme. There are plans to move to a larger site, buy

another company with manufacturing capability, increase R&D spend and take on more people.

Chiroscience's only self-generated income at present is through sales of chiral intermediates to other pharmaceutical companies including Ciba-Geigy, Wellcome and Johnson & Johnson.

They are also looking at producing chirally pure versions of existing products. The first of these, ketoprofen, has been supplied to the Italian company Menarini for formulation into a topical anti-inflammatory.

In the last financial year, Chiroscience generated a turnover of £1.6m. For the six months to August 31, revenues reached £1.34m.

FDA clears Medeva arm

Medeva's US subsidiary, MD Pharmaceuticals Inc, can again supply drug products to US government agencies, the Food and Drug Administration announced last week.

The FDA advised MD in a letter last June that, until standards in MD's Californian production plant were improved, it would recommend government agencies not to award contracts to the company.

The cost to Medeva for incorporating the FDA's recommendations was put at £1 million, with a further annual cost of less than £1m to maintain standards.

Retailers face £2bn crime bill

Retailers are footing a £2 billion a year crime bill. But this only takes into account direct costs and not police, court or other social expenditure.

These are the results from a British Retail Consortium report, part of its retail crime initiative and the first of its kind in the UK.

The report shows an average of six criminal incidents a week, with shoplifting the most frequent at 1.5 million incidents a year. For every ten retail premises, there were six burglaries — a risk eight times greater than the average household.

The total is made up of £560 million lost as a direct loss after known criminal events; £1bn from incidents thought to be the result of crime but when there was no direct evidence; and £370m on crime protection, including security devices.

Customer theft, burglary and other crimes such as arson and

robbery accounted for 54 per cent of the total cost, as opposed to internal crime which comprised 27 per cent. Crime prevention took up the remaining 19 per cent.

As well as property-related crime, violence towards staff was another area the report looked into. It noted that 14,000 staff were physically abused and 106,000 threatened.

Staff also played a major part in

crime detection, with a total of 1.2 million customers and 28,000 staff arrested. But 707,000 suspects were not referred to the police.

National Pharmaceutical Association members were among the 54,000 outlets surveyed.

For further details, contact the BRC on 071-371 5185.

• A report on shopfront security will be available on January 25 from the Shopfront Security Campaign. Details to follow.

December sales up

Over three-quarters of pharmacies had more sales this Christmas than the one before, according to the Confederation of British Industry's latest distribution trades survey.

Some 83 per cent of pharmacies reported the rise, the largest increase in over a year.

This figure is in line with

Boots' retail figures, which were announced last week (C&D January 15, p100). Their sales moved up 6.3 per cent.

The number of pharmacies placing more orders with suppliers also increased, with 83 per cent falling into this category. But over-stocking is expected to continue.

Could you be getting more out of your business but do not know which way to turn? Then a free assessment from consultant John Kerry might be the answer.

In his regular series, **Business in Focus**, he does just that. From a pre-arranged visit to your pharmacy, he identifies your business strengths and weaknesses. His report then appears in C&D, anonymously, of course.

For your pharmacy to be considered, please ring the Business Editor, Anna Evangelis, on 0732 364422 ext 2239.

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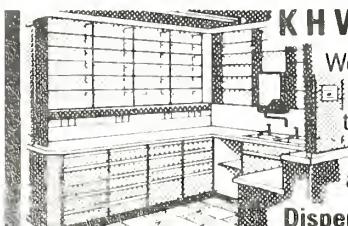
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EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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Proposed advertisement copy (maximum 30 words)

To be included under section Heading

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About people

NPA's Young Achiever on shortlist

Pauline Clark, an information assistant at the National Pharmaceutical Association, is one of six finalists in a national Super-Achiever of the Year award, sponsored by Future Training Services.

The award was open to office staff who have been promoted or made a significant contribution to their company by means of computer or secretarial training.

Pauline started work with the NPA in June 1990 aged 16. She initially began as a junior post room clerk and after eight months was transferred to the information department as a clerk.

At the time the department, which handles up to 2,000 queries a week, was transferring from a card index system to computers. Pauline attended a Future 'Introduction to Computers' course, and has also undertaken the two-year dispensing technician course.

She is now an information

assistant, sometimes dealing with up to 100 calls a day from NPA members. She is also responsible for in-putting information into

the computer and abstracting data from pharmacy literature.

The award winner is expected to be announced soon.



Drivers from AAH Pharmaceuticals' warehouse in Southampton have been battling against the flood waters of Chichester to ensure that deliveries get through to local pharmacies, despite the terrible weather conditions. Roy Cooper, an AAH driver who has been delivering in that area for 12 years, says: "Pharmacists are certainly pleased to see us. Many of them feared that patients would have to wait for prescription items because the delivery vans would not be able to get through. Thankfully, this is not the case."



The Savlon Barnardos appeal exceeded its target by £5,000 thanks to additional voluntary consumer contributions. The appeal aimed to raise £25,000 by Zyma donating 50p for every label returned from the special packs. An overwhelming response resulted in £30,000 being presented to Charles Holden, Barnardos national appeals director (left), by Miles Harrison, Savlon senior brand manager (centre), with the help of Gaby Roslin of Channel 4's *Big Breakfast*. The money will go towards the charity's work with day and community centres for the under-fives.

Pharmacist in crossbow terror

Aberdeen pharmacist Yong Leen told of his terrifying ordeal when he was faced by a loaded crossbow, after his attacker was given seven and a half years' detention.

The raid last August left him wary of every customer who passed through the door of his pharmacy in Union Grove, Aberdeen, he says.

Mr Leen and two women customers — one aged 81 — were faced with the masked raider, who was also carrying an imitation revolver. The raider motioned the customers out of the way and demanded of Mr Leen: "Move it, move it, give me the drugs or you will get it."

"I had a feeling that he would not hurt anyone, but it was really quite frightening," says Mr Leen. "This raid is something I will just have to live with."

The raider took 700 temazepam tablets and 61 dihydrocodeine tablets. He was also charged with carrying an imitation revolver and escaping from police custody. The case was heard at the High Court in Aberdeen in December.

Appointments

Elizabeth Allan, a pharmacist from Merseyside, who currently works as a relief manager to a group of community pharmacies, has been appointed to the board of the Countess of Chester Hospital NHS Trust. Mrs Allan has previously worked at the Chester City Hospital, the Royal Infirmary and the Countess of Chester. In 1982 she took a new managerial post at Clatterbridge Hospital, where she established clinical pharmacy services.

David Gomersall joins Centra Healthcare as national sales manager. He previously worked for Bayer UK. And **Ziona Arcari** becomes senior product manager, responsible for forthcoming POM to P switches.

Ciba have made **Roland Jeannet** worldwide head of their self-medication division, based in Nyon.

AAH Pharmaceuticals have appointed **Michael Ayckbourn** as chemist sales representative for the South East and **Michael Hurley** as sales representative for Link pharmacy computers.

Terry Carey is the new director and general manager of Hanimex/Vivitar UK, responsible for the company's photographic activities in the UK and European export markets.

David McCartney has been appointed to the position of business manager, food and pharmaceuticals with Bradford based Ellis & Everard, the chemicals distributors.

Coming Events

Tuesday, January 25

Leicestershire Branch, RPSGB, at Post Graduate Medical Centre, Leicestershire Royal Infirmary, 7.30pm. "Mental Health", speaker Sandra Whildes.

Wednesday, January 26

Aberdeen and North Eastern Scottish Branch, RPSGB, at room C404, the Clarke Building, Robert Gordons University, Aberdeen, 7.15-9.15pm.

Hull & District Branch, RPSGB, at the Postgraduate Education Centre, Hull Royal Infirmary, 7.30 for 8pm (buffet). "The work of the PSNC/current negotiations", speaker Steve Axon, PSNC.

Somerset Branch, RPSGB, at the Creech Castle Hotel, Bathpool.

Taunton, 7.15 for 8.15pm. Quiz night. **Edinburgh and Lothian Branch, RPSGB**, at York Place, Edinburgh, 7pm. Edinburgh Pharmacy Conference, "The way forward".

Thursday, January 27

Bath & District Branch, RPSGB, at Gainsborough Room, Prats Hotel, Bath, 8pm. "Ask the Pharmacist. Can I Drink Alcohol?", speaker J. F. Smith, University of Sunderland.

Glasgow & West of Scotland Branch, RPSGB, at Western Infirmary. Burns supper. Details in January newsletter.

Wirral Branch, RPSGB, at Capenhurst. Visit to British Nuclear Fuels plc.

Dundee Branch, RPSGB, at Lecture

Theatre 2, Ninewells Hospital, Dundee, 8pm. "Advances in pain management", speaker Dr W Macrae, consultant anaesthetist, Dundee Royal Infirmary.

Advance Information

University of Bradford, Pharmacy Research Seminar, lecture Theatre D4, Richmond Building on **February 9**. "Physiological pharmacokinetics: developing realistic models with applications," speaker Prof Malcolm Rowlands, University of Manchester. Further details tel 0274 384738.

Proprietary Association of Great Britain members' meeting, "Extending the limits of OTC marketing", **February 11**.

BEAUTY & PERSONAL CARE PRODUCTS MARKET REPORT

From Benn Publications, publisher of Chemist & Druggist and Beauty Counter, and the leading publisher for the health & beauty industry

The retail market for fragrances, cosmetics and toiletries will be worth over £3.6 billion in 1993. The total market has closely followed UK economic trends, suffering from the depths of recession in the early years of the 1990s, but showing signs of recovery since 1992.

The Benn Beauty & Personal Care Report combines the latest research data with an in-depth review by specialist market analysts and detailed forecasts of expected market trends. It identifies the current high growth products, the brand leaders, the major advertisers and key distribution trends for all sectors as the industry begins gradual recovery from the harsh years of recession.

Detailed Market Data on: Women's Fragrances - Skincare - Suncare - Colour Cosmetics - Haircare - Bath & Shower Products - Antiperspirants, Deodorants and Body Sprays - Men's Toiletries - Oral Hygiene - Summary of Related Markets.

FULL MARKET FORECASTS TO THE YEAR 2000

THE RETAIL MARKET FOR BEAUTY & PERSONAL CARE PRODUCTS. 1988-1993



HIGHLIGHTS

- ◆ Top Growth Products of 1993
- ◆ Recession-Resistance in Toiletries
- ◆ Growth of Multi-action Products
- ◆ Increasing Male Demand
- ◆ The Impact of Boots, the Body Shop and Private Label
- ◆ The MMC and Fine Fragrance Distribution
- ◆ Developments in The European Market
- ◆ The Strategies of the Global Leaders
- ◆ Marketing in a Low Growth Decade
- ◆ The Influence of Demographic Change
- ◆ Product Category Growth to 2000

The Benn Beauty & Personal Care Report will be over 350 pages long, with over 250 tables and charts of key market data, and will be THE definitive study for the industry. It is currently available at a special pre-publication price of £325, prior to publication in December at the regular price of £375. Fill in the form below for your copy at this special price or for further details.

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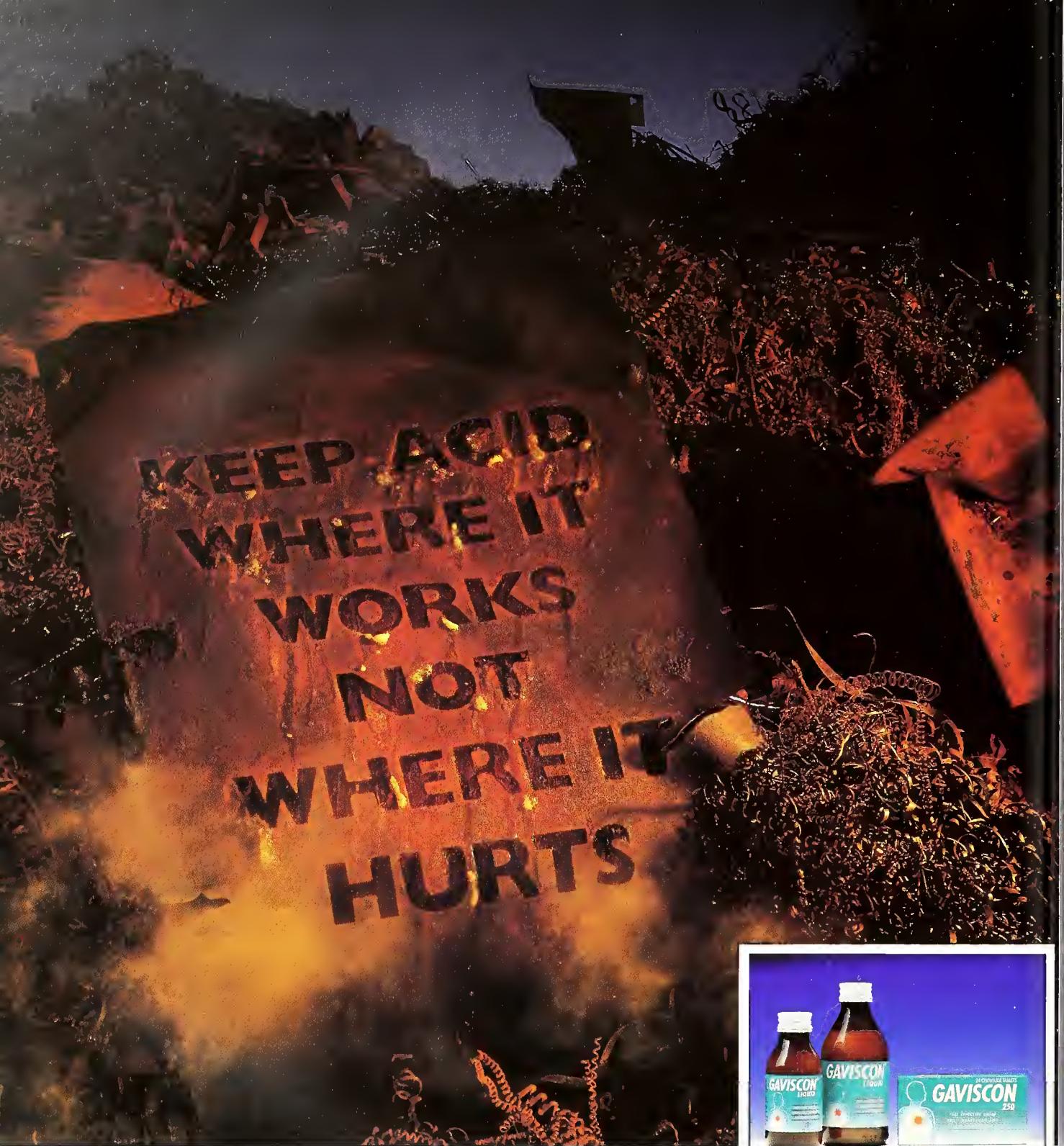
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If heartburn is left untreated, hydrochloric acid in the stomach's contents can cause damage to the oesophagus. Gaviscon protects the oesophagus by forming a *physical alginate barrier* which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

Gaviscon stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.¹

Relieve the pain and reduce the damage caused by heartburn. Recommend Gaviscon.

GAVISCON
Keeps acid where it works
not where it hurts

Prescribing Information. **Active Ingredients:** Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviscon 250 Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Gaviscon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviscon Liquid: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gaviscon 250: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0103 Gaviscon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **GAVISCON**[®] and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93 **Reference:** 1. Chevrel B (1980) *J. Int. Med. Res.* 8: 300-302.

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